

EVALUATION REPORT

Remedi Restorative Mentors

Pilot trial report

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CENTRE FOR CRIME
JUSTICE AND POLICING



About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people from becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activities.

And just as important, is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure they influence our work and that we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together, we need to look at the evidence and agree on what works, then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do it. At its heart, it says that we will fund good work, find what works and work for change. You can read it [here](#).

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About the evaluator

The team for this project was led by Professor Siddhartha Bandyopadhyay (SB). He acted as the overall principal investigator/project manager and led the impact elements of the study. He can be contacted via s.bandyopadhyay@bham.ac.uk

The impact evaluation was supported by Dr Livia Menezes and Dr Ioannis Karavias.

The process and implementation evaluation were led by Professor Julie Taylor. She was supported by Dr Shola Apena Rogers and Professor Eddie Kane (University of Nottingham).

The research fellows who supported project co-ordination and all aspects of the evaluation were:

- Dr Emily Evans – supported SB in project management and supported the process and implementation evaluation and Theory of Change (ToC) work.
- Alice Burton also supported the process and implementation evaluation and ToC work.
- Dr Juste Abramovaite was the research fellow supporting the impact evaluation from design, data collection and analysis.
- The project's Steering Group comprised experts to advise and provide quality assurance:
 - Professor Paul Montgomery regarding the overall methodology.
 - Dr Joht Singh Chandan regarding the approach for the impact evaluation.
- An independent data management team was formed for oversight. This comprised:
 - Dr. Kausik Chaudhuri regarding the approach for the impact evaluation.
 - Dr James Martin provided advice as a representative of the Birmingham Clinical Trials Unit.
 - Professor Anindya Banerjee and Professor Matt Cole quality assured the impact evaluation.

This wider team acted as a group of 'critical friends', providing an independent review function as well as an advisory role as the project progressed.

The project

Remedi’s restorative mentoring (RM) intervention aims to reduce violent behaviours and crime among 10–17-year-olds. Targeted at children who have previously displayed violent behaviour or have committed a violent offence, the intervention consists of three components: mentoring, restorative-based family support, and restorative justice (RJ). All young people receive 12 weeks of mentoring, with three to four interactions per week from a trained Remedi mentor. Interactions may be face-to-face sessions, phone/text contact or attending meetings. Face-to-face sessions last one hour and take place either at home or at school. Where it is deemed appropriate (according to the information in the referral from police and youth justice services and a needs assessment by Remedi mentors), children also receive restorative-based family work and an RJ programme. In family work, mentors deliver flexible sessions to families that range from 20 minutes to an hour and focus on reducing familial conflict and improving communication. The RJ programme arranges contact between the young person and the victim of the offence they committed. Contact may be a face-to-face meeting or a letter, and young people are supported with at least four sessions of preparation with their mentor ahead of this contact. In this project, Remedi’s RM was delivered across all boroughs of Greater Manchester.

YEF funded a pilot trial evaluation of Remedi’s RM intervention. The evaluation aimed to test and refine the theory of change; understand how the intervention is experienced by young people, their families, victims and staff; establish a feasible way to measure the programme’s outcomes and identify a target population; and ascertain how successful recruitment and referral processes are. To explore these questions, the evaluator used interviews and focus groups with stakeholders (including nine young people and their families or carers, 12 Remedi staff and three referrers) and collected data on recruitment, retention and delivery from Remedi and police data regarding contact with young people. Children were also surveyed using the Strengths and Difficulties Questionnaire (SDQ) and the Self-Reported Delinquency Scale (SRDS). The pilot was a two-armed, individually randomised controlled trial (RCT) that recruited 119 young people. Remedi’s RM was provided to 58 children in the intervention group, while 61 children in the control group received an alternative intervention, Restorative Choices (RC) training. RC is a short mentoring scheme consisting of four one-to-one sessions, each lasting one to two hours. RC is focused on improving empathy and the understanding of consequences. In this pilot, RC was delivered by the same mentors who delivered Remedi’s RM. The evaluation ran from January 2022 to March 2023.

Key conclusions

Remedi’s RM is a well-defined intervention, and the mentoring component was delivered with fidelity in this pilot trial. Young people in the intervention group who started the programme worked with Remedi mentors on co-agreed action plans and received an average of 11.6 contacts over 12 weeks. The RJ and restorative-based family support were less utilised than anticipated.

Remedi failed to reach the recruitment target set at the outset of the project, recruiting 119 out of a target of 348 (34%). This was largely due to a slow start to recruitment, in part due to some boroughs being more reluctant to participate in an RCT. Recruitment did improve as the project progressed, and the evaluator is confident there are enough eligible young people to participate in a larger trial.

Outcomes were feasible to collect. Seventy-four per cent of young people in the study provided SDQ and SRDS data, and Remedi mentors provided effective support to young people to complete these surveys. Matching of police administrative data also proved feasible.

Stakeholders, including young people, families/carers and referrers, valued the relationship that mentors established with young people. In interviews, these groups praised the mentors’ accepting style coupled with their abilities to challenge thinking and behaviours.

The evaluator judges that a larger efficacy trial is feasible and suggests a sample size of 502 children and young people where the number of participants is selected based on evaluations of similar interventions and is such that

the trial has sufficient statistical power to detect small or moderate improvements in the RM intervention compared to the RC intervention.

Interpretation

Remedi's RM intervention is a well-defined intervention that was delivered with fidelity in this pilot trial. Young people in the intervention group who started the programme worked with Remedi mentors on co-agreed action plans and received an average of 11.6 contacts over 12 weeks. The RJ and restorative-based family support elements were implemented as planned but were less utilised than anticipated. In part, this may have been due to other local services providing these interventions already. In addition, in a limited number of cases, RJ may have been provided by mentors but not recorded for the evaluation. Mentors also had limited experience of RJ work prior to the programme, and this may have impacted their confidence in delivering it. Future evaluations should ensure that the RJ and restorative-based family support are fully examined.

Remedi failed to reach the recruitment target set at the outset of the project, recruiting 119 out of a target of 348 (34%). This was largely due to a slow start to recruitment, in part due to some boroughs being more reluctant to participate in an RCT. Some districts expressed concerns that allocation to RM or RC was not based on need, despite Remedi working with local areas to explain the purpose of the RCT. More groundwork will be required in future evaluation recruitment to ensure stakeholders are comfortable with randomisation. Differences in local arrangements also had an effect. For example, some districts did not have Prosecution, Intervention, Education and Diversion panels in place at the time of the study, which were a source of referrals for the project. Recruitment did improve as the project progressed, and the evaluator is confident there are enough eligible young people to participate in a larger trial.

Outcomes were feasible to collect. Seventy-four per cent of young people in the study provided SDQ and SRDS data, and Remedi mentors provided effective support to young people to complete the surveys. Matching of police administrative data also proved feasible. Following an operational decision made by Remedi, the evaluation failed to collect SDQ and SRDS data at the six-month follow-up – this would need to be rectified in future evaluations. Improved collection of demographic data (including age and ethnicity) is also required in further studies.

Stakeholders, including young people, mentors and referrers, valued the relationship that mentors established with the young people. Families praised the mentors' accepting, welcoming and warm styles coupled with their abilities to challenge thinking and behaviours. The small number of young people and their families who were interviewed were overwhelmingly positive about both RM and RC, with children in the RM group commenting that they believed they were better able to manage difficult emotions and respond to tricky situations as a result of the programme. Young people used Remedi's RM mentoring in a variety of ways, including support for crisis management, creating CVs, an opportunity for informal chatting and encouraging more pro-social hobbies.

The evaluator judges that a larger efficacy trial is feasible and suggests a sample size of 502 children and young people, where the number of participants is selected based on evaluations of similar interventions and is such that the trial has sufficient statistical power to detect small or moderate improvements in the RM intervention compared to the RC intervention. YEF has proceeded to fund a larger efficacy trial, which commenced in Spring 2023.

Introduction

Background

This pilot study compares the effect of a new intervention provided by Remedi, restorative mentoring (RM), with an established, less intensive Remedi programme, restorative choices (RC). Both are delivered to children and young people (CYPs) and used as a means of diversion from the criminal justice system (CJS). Diversion can occur at the point of arrest or as a formal out-of-court disposal (OOC) once a person has been charged with or admitted guilt for an offence. Point-of-arrest diversion allows people to avoid a criminal record in exchange for completing a community-based requirement. An OOC can feature in a criminal record (such as a youth caution or conditional caution). However, a community resolution, an informal agreement between the parties involved, is not recorded in the same way but is entered into the police national computer for information. Point-of-arrest diversion, or a referral to a diversionary service at an even earlier point, aims to reduce the negative consequences of formal criminal justice sanctions while allowing practitioners in relevant services to focus resources on addressing the behaviour. For CYPs, diversion is aimed at reducing the number of those drawn into the CJS and the poorer life outcomes associated with this. These can include labelling of CYPs as ‘offenders’; interruption to education, training and employment; and a criminal record. Indeed, contact with the CJS can itself be criminogenic, deepening and extending CYPs’ criminal careers the further they progress into it (Robin-D’Cruz and Whitehead, 2021). As such, there has been increased interest in diversion in recent years, with strong and ever-growing evidence that youth diversion reduces reoffending, lowers costs and leads to better outcomes for CYPs (Ely, Robin-D’Cruz and Jolaoso, 2021).

The nature of diversionary activities is varied, as are the ways they are provided nationally. For example, the Centre for Justice Innovation found significant variation in practice regarding requirements on CYPs to plead to or admit guilt in defining eligibility (including which offences were excluded, when it would be offered and how CYPs were assessed as eligible) and also in outcomes monitoring (Lugton, 2021). This variation is linked to a lack of national guidelines for the operation of these schemes, along with rules for recording the work done and clear funding for them (Lugton, 2021). In particular, it can exacerbate racial disparities in criminal justice outcomes for CYPs due to the different ways in which racial groups are policed. Robin-D’Cruz and Whitehead (2021) noted that access to diversion is, in part, affected by previous contact with the police, as it can indicate less possibility of or capacity for reform. This means that CYPs with greater levels of police contact can be excluded from diversion. This, in turn, means CYPs from Black, Asian and Minority Ethnic backgrounds may not be referred for diversion or not be eligible for it. Contact with the police tends to be more common for those from such Minority Ethnic communities, which are policed to a greater extent, in turn increasing the likelihood of arrest. Furthermore, a lack of trust in the police can make it less likely that members of Minority Ethnic communities who are arrested will plead guilty, again barring them from diversion (Robin-D’Cruz and Whitehead, 2021).

In general, youth diversion schemes tend to involve short assessments of arrested CYPs and quick referrals into light-touch, voluntary programming. In this way, the RM intervention provided by Remedi was different in that it aimed to offer a more intensive and comprehensive service to referred CYPs and their families by including restorative justice (RJ) and family support elements.

There is evidence that mentoring can significantly reduce delinquency outcomes, considering both administrative and self-report data (Blattman, Jamison and Sheridan, 2017; Heller et al., 2017). In addition, it can support better long-term educational outcomes (Falk, Kosse and Pinger, 2020; Rodriguez-Planas, 2012), with more limited evidence for reductions in aggression and drug use (Tolan et al., 2013). Tolan and colleagues (2013) conducted a systematic review of mentoring for CYPs involved in offending and delinquency. Their review considered 46 studies and undertook the first systematic evaluation of key processes to explain how mentoring helped CYPs. This analysis showed stronger effects when the mentoring offered emotional support and advocacy. These findings are reflected in the plan for the Remedi project, for example, through the inclusion of restorative-based family support and going beyond signposting CYPs to relevant services. It further found evidence that the motivation of the mentors can moderate the effect of the intervention, but unexpectedly found only limited detailed evidence of what the mentoring programmes actually consisted of and how they were implemented. Hence, the authors stated that further studies are required to understand which components of mentoring are having the observed effects.

As with mentoring, there is good evidence that RJ interventions, particularly those which involve direct contact between victims and offenders, can lead to positive and cost-effective outcomes regarding re-offending, especially in the case of violent offending (Strang et al., 2013), which is the focus of the new RM Remedi intervention. The systematic review produced by Strang and colleagues (2013) also found that RJ approaches have better victim satisfaction outcomes compared to standard criminal justice processes via criminal courts.

RJ can involve a number of different activities, all of them designed to enable communication between an offender and a person or people harmed by their actions (a victim). The aim of these is to bring a sense of justice to victims (which may not be provided by a formal court procedure) and encourage offenders to take responsibility for their actions (Strang et al., 2013). The main types of RJ activities include direct mediation (face-to-face meeting(s) between the victim and offender led by a trained facilitator), conferencing (face-to-face meeting(s) involving more people than just the victim and offender) and indirect mediation (where messages – whether written or recorded – are passed between the victim and offender by a trained facilitator, such that the participants do not meet). The RM intervention supported all of these RJ activities through the mentoring team.

Of the 10 face-to-face RJ conferencing interventions included in the systematic review prepared by Strang and colleagues (2013), only three included people aged under 18 (one of which included only those aged under 14), with a further intervention including those aged under 30. Findings from those RJ interventions concerning offences with personal victims, which included only juvenile offenders, showed a smaller effect size than those with adult offenders.

Further evidence of RJ conferencing with adult participants (Shapland et al., 2007, 2008) showed that one key predictor of ‘success’ regarding subsequent offending was the way in which the offender experienced the intervention. For example, the extent to which the offender felt the intervention had made them realise the harm done by their offending, the extent to which the offender was observed to be actively involved in the intervention, whether the offender wanted to meet the victim and how useful offenders felt the intervention had been (2008: iv). The authors link these findings to the way in which RJ interventions can support an offender’s motivation to desist or cease offending. It will be important to gather data on these factors in the current study to help understand the findings. Overall, they found high levels of satisfaction

with RJ from both the victims and offenders who took part (Shapland et al., 2007). The majority of victims received an apology, and they reported that RJ helped lessen the negative effects of the offence. Dissatisfaction revolved around disputes between the victim and offender regarding the offence or difficulties in communication.

There is limited evidence on the effect of the type of restorative-based family support the Remedi intervention will involve. There is some evidence that youth mentoring is more effective when combined with additional support services (Kuperminc et al., 2005) and with family support (Taylor and Porcellini, 2013). This is mainly because CYPs eligible for mentoring programmes often face several disadvantages, including problems at school, harmful peer connections and parental conflicts (DuBois et al., 2002). This very much mirrors the organisation and intentions of the RM intervention.

There is good quality evidence regarding similar interventions, although these do not take exactly the same approach Remedi will take. For example, the Early Intervention Foundation provide evidence regarding functional family therapy (FFT) and multidimensional family therapy (MDFT), in which trained therapists work with families in need for a period of time. This shares some characteristics with the RM intervention, but it is provided by a practitioner with different training, although with similar aims – to help improve the relationships within and functioning of the family. The findings of these studies are outlined below to indicate the types of effects family support can have for families identified as in need of it.

Studies of FFT have found it to have a short-term positive effect on CYPs. CYPs aged between 10 and 18 years who are involved in serious antisocial behaviour and/or substance misuse and their families were referred to learn strategies for improving family functioning and addressing the CYP's behaviour. FFT's effect has been assessed through a small number of rigorously conducted RCTs (Waldron et al., 2001) or quasi-experimental (Darnell and Schuler, 2015) studies and is supported by the findings of less rigorous studies mostly conducted in the USA. However, another RCT in the UK had more mixed results (Humayun et al., 2017), with FFT found to be no more effective than standard support provided to families and to have a negative impact on observed child/parent interactions. The authors noted that this was unexpected and may be linked to the quality of the standard 'management as usual' condition provided to all families in the study.

Regarding MDFT, studies have shown it to have positive effects on the CYP involved regarding their use of substances and their involvement in offending and anti-social behaviours at 12- and 18-month follow-up points. A number of studies on MDFT have focused solely on the outcomes regarding substance use. Those which focused on outcomes regarding involvement in offending included two RCTs. Schaub and colleagues (2014) conducted an RCT in a number of European countries. They found reductions based on both self-report measures and those completed by parents and improvements in family conflict as reported by CYPs. Dakof and colleagues (2015) conducted an RCT in the USA. They found reductions based on self-report measures supported by an analysis of administrative data on arrests.

Studies of interventions that support the families of CYPs involved with the CJS do suggest they can have positive effects on the families and CYPs, which is the aim of Remedi's RM intervention.

Intervention

Remedi is a third-sector organisation primarily providing RJ services to adults and CYPs across the UK. This includes community and custodial settings and working with individuals as well as families.

The RM project provided by Remedi aimed to deal with the high levels of violent behaviours and violent crime committed by CYPs across Greater Manchester (10 boroughs).

The RM intervention was submitted to YEF for funding consideration in 2021. In 2021/22, there was a 13% increase in violent crime in Greater Manchester compared to the previous year. This stands in contrast to an 8% decrease in overall reported crime in the same period (Greater Manchester Combined Authority, 2022). The local Serious Violence Action Plan from 2020 reports that both offenders and victims of violent offences are predominately males, most often aged between 15 and 19, and living in deprived communities (Greater Manchester Serious Action Plan, 2020).

The RM and RC interventions were delivered to CYPs aged 10–17 who displayed violent behaviours and/or had committed a violent offence but who were not subject to an order higher than the OOC level. Specifically, the offence types eligible for the intervention included:

- Violence against a person: assault, threats to kill, harassment, or malicious communications
- Public order: violent disorder causing public fear, alarm or distress or racially or religiously aggravated public fear, alarm or distress
- Possession of weapons: possession of a firearm (with or without intent) or possession of a bladed article (with or without intent)¹
- Sexual offences: sexual assault or rape
- Miscellaneous crimes against society: going equipped
- Arson and criminal damage: arson endangering life or criminal damage to residential, business or other property
- Robbery: robbery from a person

These CYPs were referred to Remedi via the police and youth justice services on a consent-based voluntary basis. Remedi reported that these CYPs frequently had low levels of awareness/understanding/empathic awareness regarding the impact of their behaviours, had problematic issues within their familial setting and faced varying levels of challenges regarding their mental and/or emotional health. In the experience of Remedi, if unsupported, these behaviours often resulted in greater degrees of violence/criminality.²

¹ Remedi asked for further information about these offences to understand the circumstances and whether CYP were displaying violent behaviour when in possession.

² Remedi restorative mentoring case studies: <http://www.remediuk.org/case-studies-restorative-mentoring/>

Intervention group

The RM project consisted of three components, providing intensive one-to-one support for CYPs. All young people in the intervention group received the mentoring component, but any other component they received was determined by an initial needs assessment of the CYP. The three components were:

- i. **Mentoring:** this is defined in an 'Action Plan' agreed with the young person with specific, measurable, achievable, relevant and time-bound (SMART) goals and expectations established. It also includes one-to-one support with lower-level mental health needs (confidence building, etc.). This element will last for around 12 weeks, based on 3–4 contacts per week (including face-to-face, phone/text contact and attending meetings), with face-to-face contacts lasting around one hour each. These sessions tended to take place either in the CYP's home or school, as preferred by the CYP.
- ii. **RJ:** provision of a full RJ intervention with harmed individuals identified, if desired by the harmed individual/victim. RJ was offered and mentioned during the mentoring work to give many opportunities to take part – using Remedi's empathic thinking work during the mentoring. Session length depended on the type of RJ undertaken, with face-to-face sessions taking around one hour.
- iii. **Restorative-based family work:** where the referring professional, the CYP or the Remedi mentor identified that familial support was required, this was offered with the aim of addressing conflicts/improving communication and support, etc. The support was based on a family plan, including family circle work and Remedi's Together Families programme and worked towards a family agreement/exit plan. Sessions took place at the CYP's home and included those most appropriate to the work; this usually involved parents/carers but could also involve siblings/grandparents. Sessions varied in length depending on the family and their needs; sessions could take as little as 20 minutes or over one hour. Prior to a session, those attending would be discussed, and if someone was not able to attend, the session could be cancelled and so not go ahead as planned. Restorative-based family work is voluntary, but mentors aim to involve all relevant family members in the work.

Further information about the journey of the CYP through the project and its different components can be found in Figures 1 to 4.

The service evaluation referred to at the end of each component of the RM intervention relates to a review of the intervention with the referring organisation, CYPs and their family where appropriate. This allows Remedi to gather feedback to help improve the service offered. This is common amongst work undertaken by Remedi. It was, therefore, separate from the activities of this evaluation.

Figure 1 Restorative mentoring overview

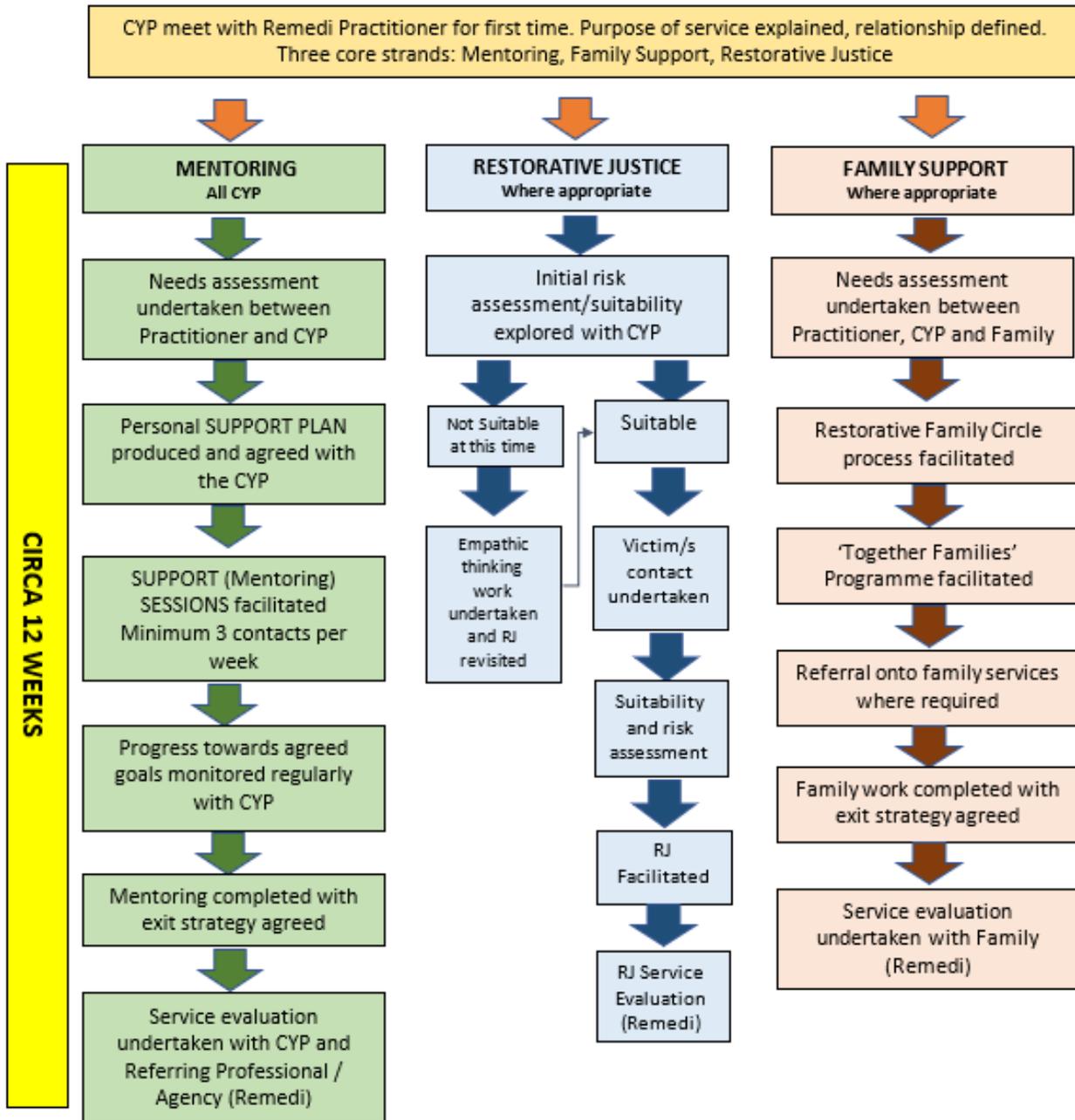


Figure 2. Mentoring component process

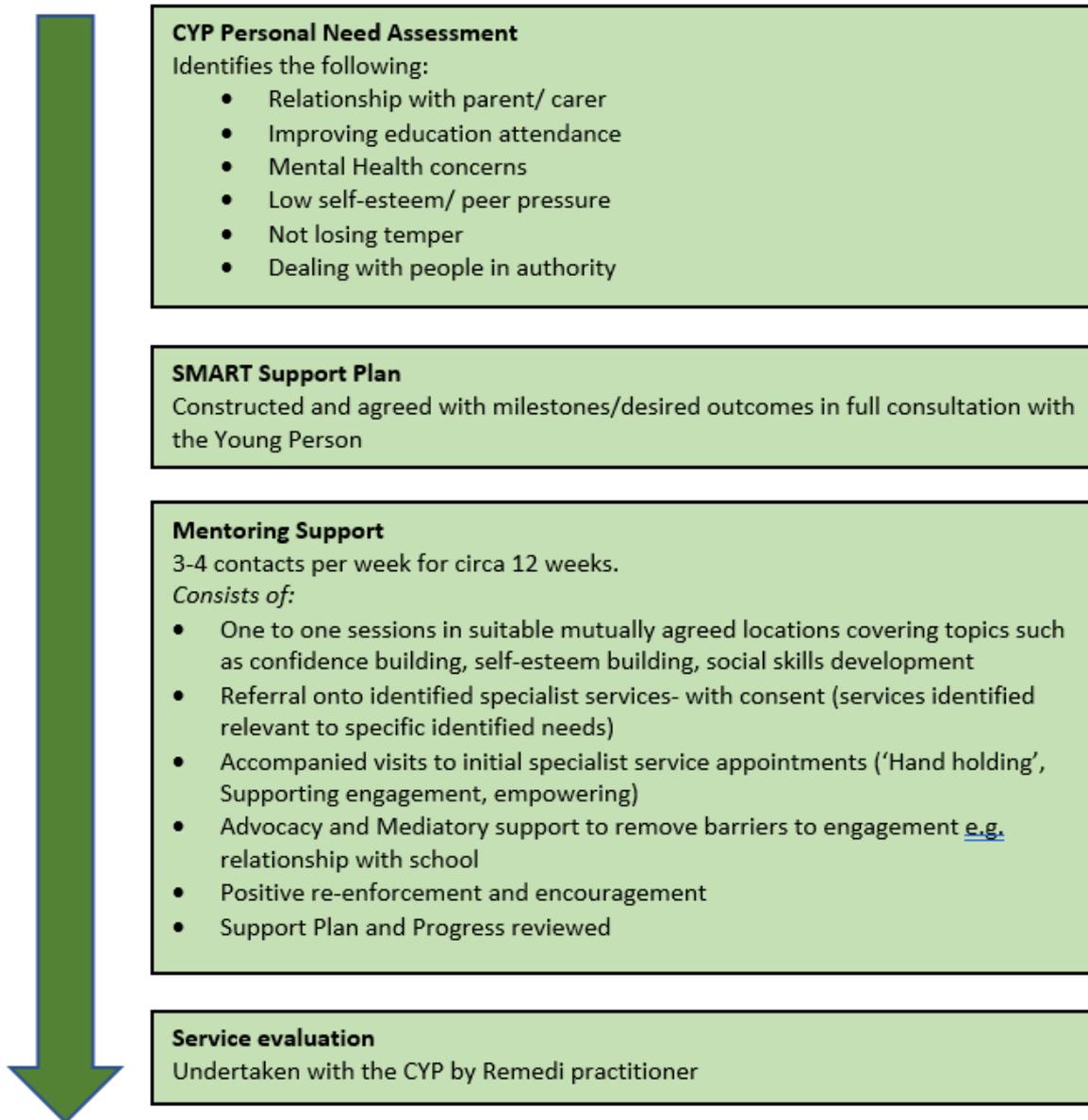


Figure 3. Restorative justice component process

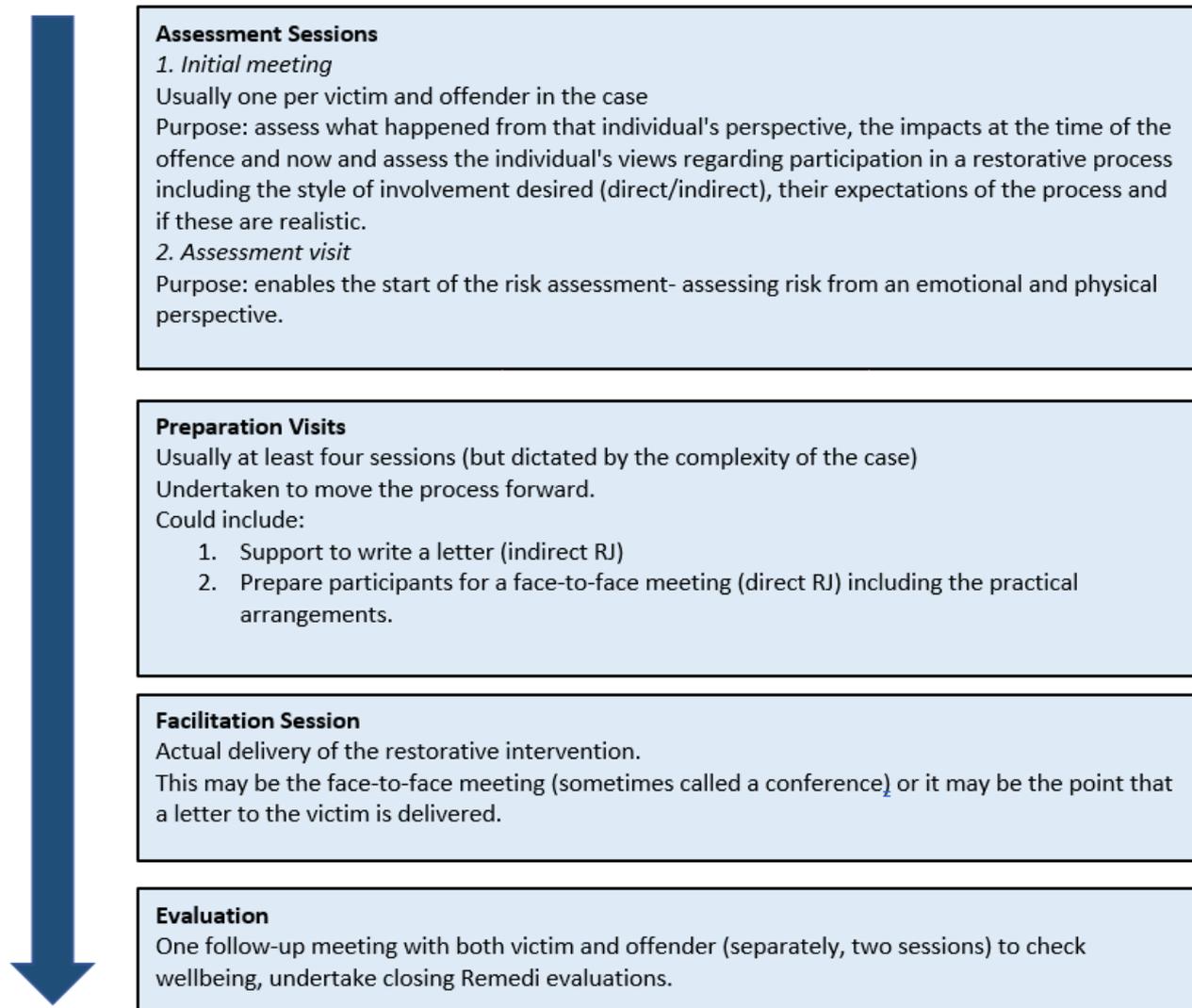
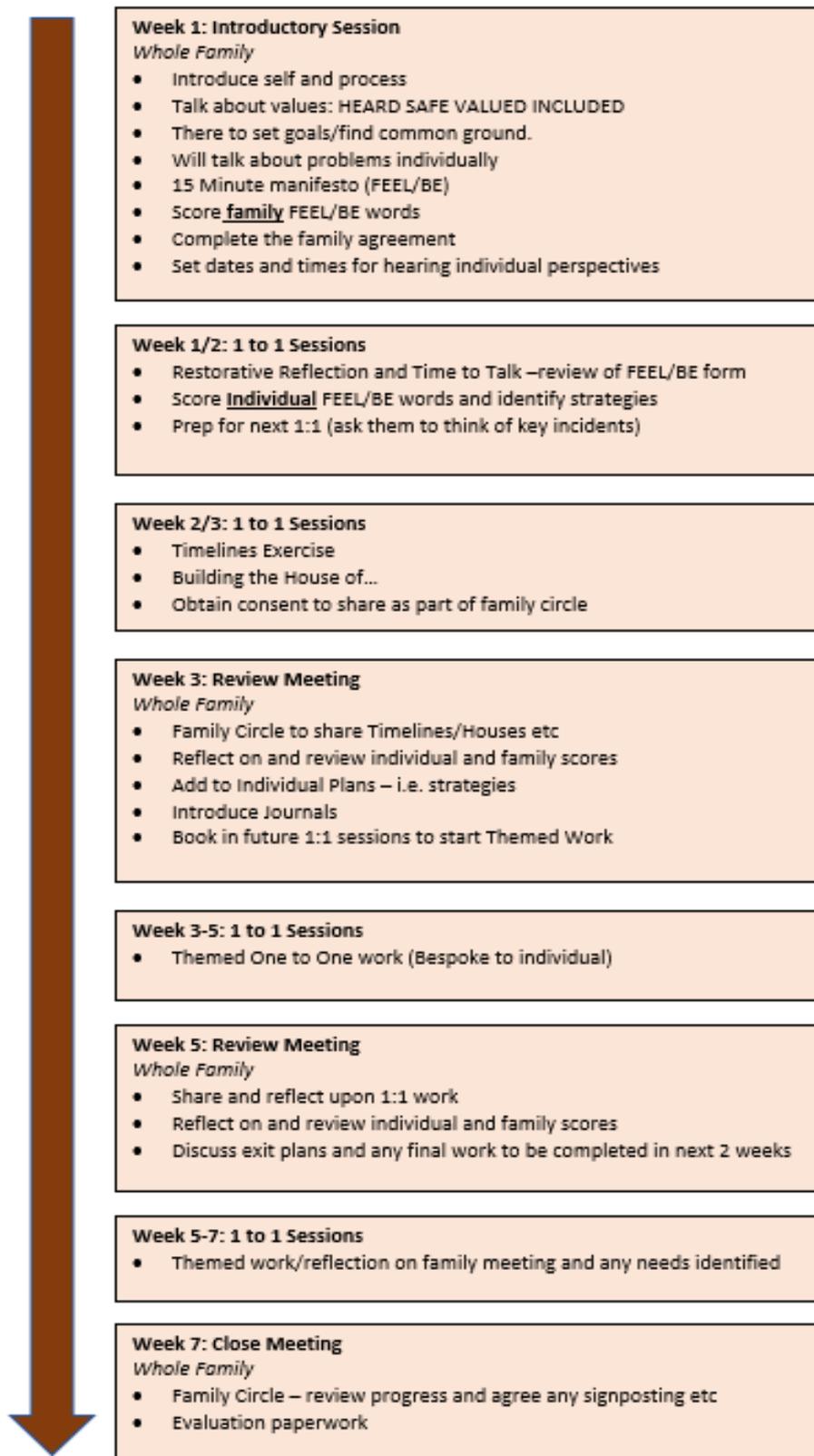


Figure 4. Restorative-based family component process



Control group

CYPs in the control group received RC training, a short mentoring scheme focused on consequential and empathetic thinking. CYPs undertook exercises with their mentors to reflect on the incident which had led to the referral to understand its causes; its effects on the victim, themselves and others; and how they might prevent a similar incident in the future. RC consists of four one-on-one sessions, usually lasting one to two hours (depending on the attention abilities of participants). The sessions took place over a period dictated by the availability of the CYP; they could take place during a two-week period or, at most, over four weeks. The sessions would take place at a CYP's home or their school as preferred by the CYP.

This is a much narrower focus than the RM intervention, although RM does also deal with the various effects of the referral incident and the ways in which a similar incident might be prevented in the future, and so there is a level of overlap regarding their content.

Providers

Both RM and RC were delivered by the same newly recruited, dedicated, trained team of 10 full-time practitioners. This team worked on a collaborative basis with referring agencies.

All the practitioners received an initial training package, which comprised general training (i.e., on policies and procedures, data protection and safeguarding) and training on the three components of the RM intervention: restorative justice skills (three days), mentoring (three days) and restorative family training (two days). All staff additionally accessed skills development training (internally and externally), additional safeguarding training (accessed via the local authority or local partner agencies) and advanced skills training (for example sensitive and complex case training). This training was provided to the mentoring and administration team by the team manager and coordinator as a whole during the month of March 2022.

During the pilot study period, there was turnover of five of the 10 mentors. Two mentors did not pass the probation period, and a further three left due to personal circumstances. Two new mentors started during the study period, with three more being recruited towards the end of the study period. This rate of staff turnover is expected in an organisation such as Remedi undertaking youth work. As such, Remedi has processes in place to hand over cases between staff. It can be expected that staff turnover will continue during any follow-up study and that Remedi will continue to manage this internally.

Of the 12 mentors who started work during the study period, two were male, 10 were female, seven were from a White ethnic background and four were from a Black or Minority Ethnic background (British Asian and Black British backgrounds).³ Regarding age groups, five were 20–24 years when they started in the role, four were 25–29 years and three were 30 years and over. On average, the mentors had approximately 1.4 years of prior experience in mentoring before starting their role.⁴ Remedi managers interviewed towards the end of the study period noted that the new mentors being recruited were likely to be older and have

³ Data was not available for one case.

⁴ Data was missing for four cases.

more professional experience. It will be interesting to analyse how these new mentors affect the team and work with CYPs referred if the study proceeds to an efficacy study.

Materials

Remedi created a series of in-house resources to support its work for this project. All procedural and service user resources were made available to personnel via secure online systems.

They are outlined below.

Mentoring

- Mentoring handbook (*Remedi-developed resource: core of training and available online to all Remedi personnel via secure staff portal*)
- Mentoring initial needs assessment document
- Mentoring agreement and mentoring support plan
- Case management record
- Mentoring evaluation documentation/procedure

RJ: Restorative Justice Handbook; an in-house training course (three days); plus an additional package focused on enhanced skills development for sensitive and complex cases (e.g. sexual offences, cases involving death and vulnerable service users; two days); a list of RJ procedures covering risk management, case management and standards of practice; and ways in which to evaluate RJ interventions.

Restorative-based family work

- Together Families: a documented seven-session family support programme based around restorative principles/approaches. Documentation: CYP assessment process; parent/carer assessment process; initial needs and support plan; structured exercises to undertake on an individual and family basis; exit strategies, including the Family Plan; and evaluation process.
- Restorative family skills training (three days): building on the above RJ training and exploring all aspects of delivery regarding the Together Families programme.

Format of delivery

The majority of service delivery took place face-to-face with service users, although some telephone contacts were undertaken within the context of the mentoring component as support became less intensive or in order to check-in. In addition, in response to the Covid-19 pandemic, Remedi developed virtual methods of service delivery for all of its operations that could be adopted as required should there have been any further lockdowns or should a service user have been unable to meet face-to-face due to having to self-isolate. Initial meetings with CYPs (receiving RC or RM) were undertaken in suitable venues; these tended to be the CYP's school, home or other location already familiar to them. These locations were pre-assessed to ensure confidentiality could be maintained and to ensure they were suitable to meet the diverse needs of the service user. Initial meetings incorporated risk assessment and discussions regarding the venues of future meetings. Where home visits were appropriate, Remedi operated a lone working protocol to ensure the safety of colleagues.

Frequency and dosage

For the RM project, support was provided over a 12-week period, although the length and frequency of the three different components differed depending on the features of the individuals, families and cases involved. The details of each strand are outlined in Figures 1–4 above.

All contacts/sessions were arranged to meet the availability of service users and included evening and weekend sessions as required.

On the basis of work undertaken during the co-design phase of the study, an initial ToC for the RM intervention was developed; this is presented below.

Figure 5. Restorative mentoring initial theory of change

WHY	Problem observation	There are high levels of violent behaviours and violent crime committed by CYPs in the Greater Manchester area.
	Need	A number of these CYPs frequently have low levels of awareness/understanding/empathic awareness regarding the impact of their behaviours, have problematic issues within their familial setting and face varying levels of challenges regarding their mental and/or emotional health. If unsupported, these behaviours frequently result in greater degrees of violence/criminality.
WHO	Target population	CYPs aged 10–17 who have displayed violent behaviour OR have committed a violent offence, capped at the level of an OOSD sanction. Referred via youth justice services and the police
		Planned scale: 210 CYPs engaged with the restorative mentoring service (the control group will consist of 254 CYPs receiving restorative choices).
HOW	Intervention activities	<p>Provision of a dedicated, trained team of 10 full-time practitioners providing intensive one-to-one support for CYPs with three primary focuses:</p> <ol style="list-style-type: none"> 1. Intensive mentoring, including supported engagement with specialist mental health services 2. RJ 3. Restorative-based family support <p>Initial discussions with the referrer and CYP will determine which components are considered appropriate. The above team works in a collaborative partnership with referring agencies.</p> <p>Following referral and initial suitability checks, CYPs are offered:</p> <ul style="list-style-type: none"> • ALL: <ul style="list-style-type: none"> ○ Initial introduction and needs assessment ○ Supported referral on and direct support to access wider specialist mental health services ○ Impact assessment and evaluation ○ Mentoring: ‘Action Plan’ agreed with the CYP with SMART goals and expectations established and one-to-one support with lower-level mental health needs (confidence building, etc.). Lasts for 12 weeks, based on three to four contacts per week. • RJ: provision of full RJ intervention with harmed individuals identified, if desired by the harmed/victim. RJ will be offered and mentioned during the mentoring work to give many opportunities to take part – using Remedi’s empathic thinking work during the mentoring. • Restorative-based family work: to address conflicts/improve communication, support, etc. Will be based on a family plan, including family circle work and Remedi’s Together Families programme, and will work towards a family agreement/exit plan.
	Intervention mechanisms	<p>Mentoring</p> <ul style="list-style-type: none"> • Increased self-esteem, confidence and resilience, better able to cope with life crisis points • Increased understanding of consequential thinking skills • Increased empathic thinking skills

		<ul style="list-style-type: none"> Decreased social isolation <p>RJ</p> <ul style="list-style-type: none"> Victim satisfaction/benefits regarding coping, recovering and feeling safe and less fearful; improved health and sense of wellbeing <p>Restorative-based family support</p> <ul style="list-style-type: none"> Improved familial relationships Improved familial communication Improved familial ability to address future challenges <p>Overall</p> <ul style="list-style-type: none"> Increased access to/engagement with mental health services
WHAT	<i>Short-term outcomes</i>	<ul style="list-style-type: none"> Reduced violent behaviours Reduced levels of aggression Reduced weapon carrying (where applicable) Reduction in displayed 'behavioural problems'
	<i>Medium-term outcomes</i>	<ul style="list-style-type: none"> Reduced involvement in violent and non-violent criminal offences Reduction in gang involvement Improved relationships with friends
	<i>Long-term outcomes</i>	<ul style="list-style-type: none"> Reduced levels of crime Reduced demand for other statutory services Reduced community tensions Improved mental/physical health of CYPs

Research questions

The overarching objective was to conduct a pilot randomised controlled trial (RCT), defining outcomes and a full evaluation method that assessed the parameters for conducting an efficacy evaluation. Set progression criteria were defined, which determined whether the pilot could proceed to the efficacy study or needed amending.

Objectives of the pilot trial were to:

- Co-develop a Theory of Change (ToC) in partnership with Remedi and YEF to:
 - Clarify how the different components of the programme (i.e., mentoring, RJ and restorative-based family support) operate in practice, both individually and in combination, including the presumed channels by which these produce outcomes for CYPs.
 - Clarify the expected short-, medium- and long-term outcomes.
- Understand how the RM intervention is experienced by all stakeholder groups (CYPs, families/carers, victims, Remedi staff and referring organisations) and compare this to the experience of CYPs in the RC intervention.
- Establish a feasible way to measure the outcomes of interest or their proxies. In addition to the two core YEF measures (Strengths and Difficulties Questionnaire [SDQ] and Self-Reported Delinquency Scale [SRDS]), identify and, if necessary and appropriate, co-design outcome measures with Remedi, YEF and stakeholders, such as police, youth justice services and CYPs.
- Consider the possibility of unexpected adverse outcomes. While the literature on RJ, family support and mentoring does not record any such adverse outcomes, the mentor will note any adverse outcomes and, if significant, will refer to the Steering Committee, which oversees the study, for assessment as to whether the outcome is related to the RM intervention.
- Establish sufficient target population – assess if there is sufficient enrolment of the target population to run an efficacy study.
- Ensure Remedi can recruit the planned number of mentors and that they have a well-defined referral pathway (i.e. a criminal justice pathway with multiple referral organisations – e.g. police or a youth offending service).
- Develop a design that provides robust impact evaluation, capturing key differences in sub-groups of interest with a contextual and theoretical underpinning. A ‘realist RCT’ (Bonell et al., 2012) would be the preferred methodology, allowing for both statistically robust results and an understanding of the causal pathway. This would enable us to understand ‘what works, for whom and under what circumstances’ (Pawson and Tilley, 1997).

A copy of the YEF pilot protocol can be found on the YEF website:

<https://youthendowmentfund.org.uk/wp-content/uploads/2022/09/YEF-Remedi-Protocol-FINAL.pdf>

Success criteria and/or targets

The pilot measured the consistency of delivery and whether staff and CYPs believed the RM intervention met the needs of CYPs and was appropriate. Our experience suggests that an RCT can only be implemented with the support of the staff and CYPs. We suggested, therefore, that the following measures be included,

with indicative percentages based on what would be necessary to conduct a successful pilot evaluation and indicate whether an efficacy study would be feasible:

1. Project implementation

- a) Baseline SDQ and SRDS survey of all involved CYP had at least a 60% response rate; anything below that was cause for concern (yellow), with a need to pause (red) if the response was below 40%.
- b) Activities mentors undertook aligned with the ToC and were chosen after the needs assessment; if there was misalignment, it would be necessary to re-visit the ToC; there was, in general, no need to stop the study but rather understand why the two diverged.
- c) Actions in the action plan with CYPs were implemented in a collaborative process; if evidence shows that this is not happening, we need to discuss why with Remedi staff.
- d) The case management system (CMS) indicated that staff implemented the RM intervention as planned; this was reviewed by the research team, and any significant divergence was reviewed with Remedi and YEF.
- e) Personnel records showed mentors received adequate supervision and support; this was reviewed by the research team, and any significant divergence was reviewed with Remedi and YEF.

2. Recruitment and retention

- a) Recruitment into the RM and RC interventions was at least 60% of the planned numbers within the pilot period. Anything below that was cause for concern (yellow), with a need to pause (red) if the recruitment was below 40%.

3. Measurement

- a) Administrative police data on future contact with CYPs who ended their contact with Remedi in the first six months of the pilot study (to allow enough time for them to appear in police data)
- b) Results from the SDQ/SRDS

It was important to see how easily data could be matched between Greater Manchester Police (GMP) and Remedi records. Not being able to match at least 80% of referrals was cause for concern and needed to be discussed (amber); anything below a 60% match was a serious cause for concern (red) and required us to revisit this method of capturing data.

For SDQ/SRDS, we monitored completion rates, and anything below 60% was cause for concern (yellow), and below 40% (red) implied the viability of capturing such data needs to be discussed with the funder and Remedi.

Some key data issues, such as incomplete/missing data, noncompliance or higher attrition rates than expected, needed to be considered. A certain level of missing data could be handled using statistical techniques, but quarterly audits would prevent this from becoming a serious problem.

These ratings related to the feasibility of the methods of data collection for the pilot. Failure to meet success criteria did not necessarily mean that the main evaluation should be abandoned but suggested that the proposed design or methods required revision. Provided the above were met, or feasible alternatives could be found, we would recommend that we proceed to an efficacy trial. YEF would then reflect on the evidence the evaluation provided before a decision was made about the transition to the efficacy study.

Ethical review

Research into violence and criminality with CYPs had certain ethical and safeguarding challenges. We ensured all relevant issues, such as confidentiality, safeguarding and disclosure, were fully considered. We had a robust ethics framework in place. The University of Birmingham has an overarching Code of Ethics, and ethical approval is a requirement of the Code of Practice for Research. All research projects went through the ethical review and approval process. The process included the completion of a self-assessment form. Then, for studies involving human participants, such as the current evaluation, stage 2 was an application made to secure ethical approval via the central research ethics committee.

The application received ethical approval after clarifying points and requests for amendments raised by the reviewers. Such amendments were agreed upon by the University of Birmingham, Remedi and YEF and approved by the University of Birmingham ethics committee prior to implementation. Administrative changes to the protocol were minor corrections and/or clarifications that had no effect on the way the study was conducted. Any administrative changes were agreed upon by the University of Birmingham, Remedi and YEF and were documented in a memorandum. The University of Birmingham ethics committee was notified of administrative changes at the discretion of the University of Birmingham research group.

The Ethics committee reference number for this study is ERN_22-0117.

The study has been registered on <https://www.isrctn.com/> with the number ISRCTN60787655.

Data protection

The six lawful bases for processing are set out in Article 6 of the UK General Data Protection Regulations (GDPR), one of which must apply when data is processed. A relevant basis for processing personal data here is the **public task** basis.

For qualitative data, the most relevant principle/basis is **consent**; the individual has given clear consent to process their personal data for a specific purpose. Informed consent was obtained – this is where participants received information outlining the nature of the research, what they are being asked to do, their right to refuse to take part without negative consequences and their right to withdraw from the research during the fieldwork and up to two weeks afterwards.

Regarding **confidentiality**, participants were informed prior to and post the interview process that the information they provided would be kept strictly confidential and that no identifying information would be available to anyone external to the research team. Confidentiality was preserved (for quantitative and qualitative data) through steps such as the (1) assignment of participant numbers/pseudonyms, (2) deletion of audio files post-transcription, (3) storage of transcripts/consent forms in a locked cabinet at the University and (4) storage of electronic data in password-protected spaces only accessible to researchers.

All study-related information was stored securely on Remedi premises, the Remedi CMS and University of Birmingham computers. All participant information was stored in locked file cabinets in areas with limited access. All reports, data collection, process and administrative forms were identified by a coded identification (ID) number only to maintain participant confidentiality. All records that contained names or

other personal identifiers, such as locator forms and informed consent forms, were stored separately from study records identified by code number. All local databases were secured with password-protected access systems. Forms, lists, logbooks, appointment books and any other listings that linked participant ID numbers to other identifying information were stored in a separate, locked file in an area with limited access.

All participant results were kept strictly confidential, all counselling was conducted in private rooms and study staff were required to sign agreements to preserve the confidentiality of all participants. The final trial dataset was accessed by the University of Birmingham researchers. They can access the data for a period of 10 years after the conclusion of the trial.

No later than three years after the pilot, we will deliver the following for sharing purposes:

1. A dataset to the Department for Education containing only the personally identifying data (i.e. name, address, etc.) for the CYPs in the treatment and control groups, with a list of randomly generated reference numbers.
2. The evaluation data set and random reference numbers to Office for National Statistics (no directly identifying data will be included)

Data Management Plan

Assessment and use of existing data and creation of new data

We analysed existing routinely collected police data and produced new quantitative and qualitative data alongside the more sensitive individual-level data. Ethics approvals were obtained from the University of Birmingham where needed, which set out the usage, storage and governance of data. The research team respected any conditions of usage set forth by the data owners, and the informed consent sheets set out how the data that was collected was to be used.

For interviews, when prior consent was received, all interviews were digitally audio-recorded. The recorded data was saved on password-protected and encrypted computers of the research coordinator and lead for the study and were either transcribed in-house or sent electronically to a transcription agency that complied with the University's data protection policy and agreed security standards set by the funder. The transcripts were stored on the computer of the research fellow in Word Format and were thematically analysed by the study lead and research fellow.

Quantitative data was stored anonymously. If any individual data was collected, participant names were allocated a research ID number. A separate list detailing the participant's name and research ID code was stored in an encrypted file on the research coordinator's laptop, separate from the rest of the project files. All University of Birmingham laptops have secure encryption that satisfies the requirements of the Data Protection Act 2018. All work involving matching names was done on encrypted machines belonging to the University of Birmingham by researchers under the PI's supervision.

All data collected was for the specific purpose of carrying out the different phases of the feasibility studies and was GDPR compliant.

Quality assurance of data

Data collection was designed and reviewed to ensure integrity and quality. This was achieved by having regular project team meetings and consulting research participants on an ongoing basis. Quality assurance of data formed a standing agenda item at all team meetings.

The project manager had ultimate accountability and oversight for the quality assurance of data; however, it was emphasised to all team members that they had a personal responsibility to produce high-quality data. In order to ensure 360-degree oversight, a selection of each lead's work was also reviewed by the co-leads and research fellows.

Quality assurance in the merged and linked data files was ensured via the use of clear, consistent coding that was crosschecked by members of the research team. All provided coding was clearly annotated so that the purpose of the code was understood by any potential user. Data were manually examined by more than one person, either using subsets of the data for complete examination against the original data or running frequencies of the original and newly created data for inconsistencies and errors.

Back-up and security of data

Each study lead and research fellow stored the data on their encrypted laptop. Further data backup was provided by the University of Birmingham's secure network. Backup copies of data were taken at least daily or immediately if needed.

The University of Birmingham's Information Security document can be provided upon request. The project team was mindful of not carrying/using devices that contained sensitive data (such as the personal details of participants) in 'risky' situations, and all members of the project team were made aware of the issues posed by the theft of laptops, etc.

This evaluation complied with YEF's Data Archive guidance, including the collection and long-term archiving of personal data. We considered YEF's guidance on this and abided by it.

Data monitoring

A data monitoring committee (DMC) was established, which was independent of the study organisers, the funder and the evaluation team. The DMC consisted of two people, with one acting as chair. The frequency of interim analyses depended on the judgement of the chair of the DMC in consultation with the steering committee. However, we anticipated that there may have been one interim analysis and one final analysis.

The DMC had unblinded access to all data and could propose the stopping of the project. The steering committee decided on the continuation of the trial and reported to the central ethics committee.

An audit was planned after six months in the pilot, including site visits. The audit was conducted by the DMC committee.

Project team/stakeholders

The Remedi team for this project was as follows:

- Remedi Directors (Steve Jones and Chris Hickin): project oversight data sharing agreement and contracts.

RM Team

- Manager (Lacey Foster): strategic management, liaison with all key partners, contract compliance and quality assurance
- Co-ordinator (Ellie Crutchley-Macleay): line management of the practitioner team, professional supervision and case supervision/management
- Mentors: direct service user support, including mentoring support, RJ facilitation, restorative-based family support, case recording and evaluations with service users
- Administrators: initial triage of referrals, data entry, maintenance of CMS and collation of data for progress reports/feedback

During the co-design phase of the study, the research team worked with Remedi to agree on the design and conduct; this included the nature and provision of the control group. Remedi staff had no role in the analysis or reporting of the study findings. There was no involvement of other stakeholders in the study design, conduct or analyses.

The funding for this project was provided solely by YEF. There were no conflicts of interest to declare.

Methods

Trial design

The pilot trial was a two-armed (RM and RC) individually randomised controlled internal pilot trial. Upon referral to Remedi, CYPs who had committed a violent offence were randomly assigned to RM (the treatment group) or RC (the control group) on a one-to-one basis. Outcomes were measured at the individual level using administrative data from the local police force and through the administration of questionnaires (SDQ and SRDS). Responses to the questionnaires were obtained prior to the start of the RM and RC interventions, at the end and at six months post-test. Additionally, one month before the end of the pilot, police administrative data on CYP recidivism were collected.

The full planned process, as laid out in the study protocol, appears in the table below:

Table 1: Planned pilot trial protocol

Step 1	Verbal consent for referral is gained from the referring organisation. CYP is referred to Remedi.
Step 2	Remedi assesses eligibility. Ineligible cases are excluded.
Step 3	Informed consent/assent is provided by the eligible CYP and parents/carers.
Step 4	Data on the CYP is collected (SDQ and SRDS questionnaires).
Step 5	Randomisation is done by the University of Birmingham. CYP is assigned to RM or RC.
Step 6	CYP receives RM or RC.
Step 7	Right after the delivery is completed, data on CYP is collected (SDQ and SRDS questionnaires) for short-term outcomes.
Step 8	For a CYP completing the intervention in the first six months of the pilot, follow-up SDQ and SRDS questionnaires will be collected six months following the end of the intervention.
Step 9	One month before the pilot ends, police administrative data is collected from the Police National Computer.

In the trial design outlined in the study protocol, reflected in Table 1 above, randomisation was due to take place following written consent. However, in practice, it proved difficult for Remedi and referring organisations to gain formal written consent from CYPs and parents/carers before they knew which arm of the trial they had been randomised into. CYPs were being referred to Remedi without knowing which intervention they would receive (RM or RC). In addition, because the RC programme mirrored work undertaken by some youth justice services (that were a common referral source), some parents/carers questioned why CYPs were being referred to a new organisation when the youth justice services could provide such an intervention.

As such, by the summer of 2022, Remedi, working with its referral partners, developed a practical workaround to this issue, in which verbal consent was gained to make a referral to Remedi (prior to randomisation). Remedi was able to gain written consent when it could confirm with the CYP and their parents/carers which arm of the trial they would be part of (post-randomisation). It was at this point that baseline SDQ and SRDS data were collected from CYPs. CYPs did not know what the alternative intervention

consisted of. At this stage of the pilot, referral rates to Remedi were lower than anticipated, and this approach helped to keep referrals coming from these sources.

This change did not alter the statistical analysis planned or undertaken in any way.

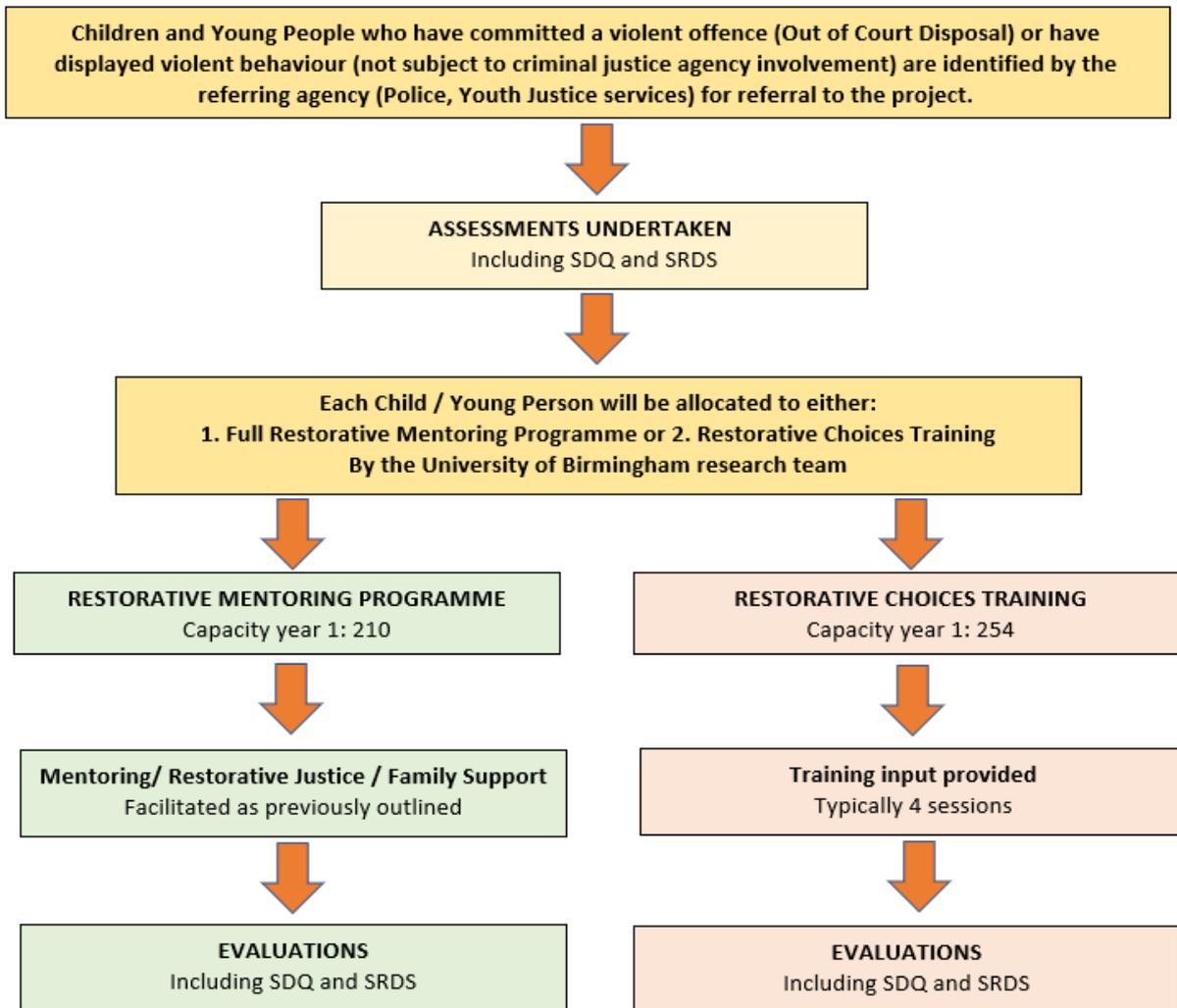
Once the research team realised that this had happened, it was discussed with Remedi. The impact of this change has not been fully appreciated by the Remedi team; the fact that CYPs were told the randomisation result before providing consent did potentially have selection bias implications because of non-blinding. However, the effect of this issue with non-blinding is not clear. A recent meta-study found that even in a healthcare setting where blinding is more common, 'No evidence was found for an average difference in estimated treatment effect between trials with and without blinded patients, healthcare providers, or outcome assessors' (Moustgaard et al., 2020).

It was agreed that the original protocol (as outlined in Table 1 above) will be used for any future efficacy trial. Given the higher number of referrals available because of direct access by Remedi to local police data (see the discussion of this later in the report), we expect that this will not adversely affect referral rates to an extent great enough to affect any such trial. Furthermore, the experience of the pilot study should help to overcome the reluctance of referrers. The research team has also agreed on actions that ensure we are able to better monitor adherence to the protocol. Remedi staff will use a fidelity checklist to maintain records of when each of the steps in the protocol is completed; these will be reviewed by the research team to assess compliance.

Participant selection

The RM and RC interventions were offered to CYPs aged 10–17 who had committed a violent offence or had displayed violent behaviour identified by the police and youth justice services. The diagram below provides a summary of the stages of the study and the planned sample sizes for the two interventions.

Figure 6. Study process summary



The following inclusion and exclusion criteria were used. Referrals consisted of any young person (10–17) in receipt of any OOC (at any level) who had committed a violent offence in and lived in Greater Manchester. Once referred to Remedi, CYPs provided written informed consent (or assent if relevant) before any study procedures occurred. The same process was applied for parents/carers where CYPs were living with a parent or carer. CYPs who were unable to take part or who initially failed to engage with the RM and RC interventions were excluded from the study. In addition, CYPs were not permitted to participate in other youth support programmes at the same time as the RM intervention.

We requested both CYPs’ assent and their parents’/carers’ consent in line with Remedi’s processes to involve CYPs and their carers in the consenting process. The only exception to this were 17-year-olds living independently.

Trained Remedi mentors introduced the trial to CYPs and explained the main aspects of the mentoring programme. CYPs and their parents/carers also received information sheets. Mentors discussed the trial

with CYPs in light of the information provided in the information sheets.⁵ CYPs and their parents/carers were then able to have an informed discussion with the mentor. Mentors obtained written assent (and consent where applicable) from CYPs and written consent from parents/carers willing to participate in the trial.

Police and youth justice services identified and referred to Remedi CYP cases satisfying the above criteria. The mentoring meetings, which included data collection, took place in Greater Manchester in the buildings of local authorities and the GMP. The questionnaire data were transferred to the Remedi CMS by the mentors. The police administrative data was collected by appropriately authorised Remedi staff who were given access to a police computer.

Sample size

The planned number of pilot study participants was 464 CYPs in its one year of implementation, 210 in the RM group and 254 in the RC group. This sample split was agreed upon in the co-design workshops to match Remedi's capacity. The sample size was selected to provide information about aspects that might limit the study's feasibility (e.g. attrition and compliance, as discussed above) according to Remedi's capacity constraints. The selected sample also ensured the representativeness of the target study population, comprising diverse ethnic backgrounds and including urban and rural areas. This also gave us an indication of whether an adequately powered efficacy study could be conducted. The number of CYPs successfully recruited in the pilot study indicated whether a larger-scale efficacy study was feasible. The sample size was large for a pilot study, but it aimed to reveal hidden capacity constraints ahead of the efficacy study. The final number of CYPs participating in the treatment and control groups provided an indication of the expected recruitment during the efficacy study and its power properties.

Data collection

Our data was a mixture of that generated from the pilot and that received from administrative sources (police/source of referral), as well as that gathered as a result of the process and implementation evaluation.

1. Project implementation – qualitative and quantitative data

- Interviews/focus groups: the views of CYPs, families, RJ victims, Remedi staff and other stakeholders (such as referring agencies) about their experiences of the different aspects of the RM intervention and how it compared to the RC intervention. This was vital to understanding how the interventions have been experienced by those receiving them, how the different parts of RM have interacted and any unintended consequences.
 - Remedi staff: staff were interviewed (as part of a focus group) at the start of the study and then again towards the end as part of the process evaluation. Participants were those working directly on the project (two project managers, two administrators and a team of mentors, 10 at full complement). There was some turnover in the mentoring team, so the participants varied at the two time points. The majority of the mentors took part in one of the focus groups.

⁵ All study information sheets are included at Appendix D

- Practitioners in referring organisations (three from GMP and youth justice services in two districts).
- CYPs aged 10–17 who were participating in the RM and RC interventions: nine were interviewed. These CYPs were sampled purposively to reflect the different potential groups of CYPs and referred to the different aspects of the RM intervention.
- Parents/carers of CYPs who received the restorative-based family component of the RM intervention: all parents/carers were spoken to during the CYP interviews; of these, two involved family work.

We had aimed to speak with victims who had been involved in the RJ component of the RM intervention. Due to the limited amount of such work undertaken, this did not prove to be possible. However, Remedi reported that often, the victims of the offences which prompted a referral were family members, so the interviews with family members completed were able to comment on this aspect of the RM intervention to some extent.

For the final three groups, where only a sample of participants could be interviewed, the numbers represent a maximum variation sample (Schreier, 2018) to give a range of different demographics, experiences, referral routes, aspects of the RM intervention and ethnic backgrounds. Thank you tokens in the form of shopping vouchers (£20) were offered to CYP participants.

- The completeness and relevance of the ToC already in place and any need for revisions
- Fidelity of the RM intervention across the complete process from selection to completion and follow-up, which included a perusal of a sample of case notes captured on the project's CMS and the monitoring data shared by Remedi with YEF to see the number of sessions offered and taken up and whether the treatment plan was followed.

2. Recruitment and retention – quantitative data

- Data collected by Remedi on the operation of the RM and RC interventions and stored in their CMS – information contained in referrals and collected by mentors during the programme
- Monitoring data shared by Remedi with YEF concerning the operation of the RM intervention

3. Measurement and findings – quantitative data

- Initial risk assessment and mentoring plan created and updates on the CYP's progress recorded by the mentors, including changes in family and home circumstances
- Police data regarding contact with CYPs as perpetrators, victims or missing persons.
- YEF core measure questionnaires – the SDQ and SRDS.

To reduce the possibility of bias, data collection for the quantitative phase was blinded for the analyst.

The pilot was used to assess whether the outcomes suggested for the treatment and control groups could be consistently collected and measured to inform the decision about whether to move to an efficacy study.

At the conclusion of the pilot study, we provided the draft interim evaluation report. We recommended holding an event where we presented findings to key stakeholders and then, taking account of their comments, produced the written report.

Stopping criteria

We used the monitoring data Remedi collected and provided to YEF to judge whether there was a need to stop the study because it became a source of harm to participants. This data was monitored during the life of the project to ensure this decision was made in a timely fashion. These criteria were separate and distinct from the success criteria defined previously, which related to the decision to move from a pilot to an efficacy study. As such, we based our decision on an assessment of those safeguarding incident categories that concerned harm to participants created by the RM intervention. These were as follows:

Level 1 Incidents

- Allegation of sexual assault (by staff of CYP).
- Allegation of physical assault (by staff of CYP).
- Staff or volunteer computer or device found to contain images of child pornography.

Level 2 Incidents

- Safeguarding allegation (against staff or volunteers).
- Allegation of sexual assault (YP on YP).
- Allegation that a trustee, staff member or volunteer has been abused by another trustee/s, staff member/s or volunteer/s.
- Funded organisation discovers that an employee or volunteer coming into contact with children is on the sex offenders register.

Level 3 Incidents by broad example categories

- Sharing personal contact details with children or young people.
- Failure to carry out a Disclosure and Barring Service (DBS) check that would have identified that a member of staff, volunteer or trustee was disqualified under the law (under safeguarding legislation) from holding that position.

During the pilot study period, no such incidents were reported to the research team.

Table 2. Methods overview

Research methods	Data collection methods	Participants/data sources (type and number)	Data analysis methods	Research questions addressed	ToC relevance
Quantitative	Provision of administrative data by GMP	Administrative data on CYPs' contact with the police for those who started the interventions in the first six months (N=41)	Descriptive – comparisons pre-and post-intervention for those engaging in RM or RC	Establish a feasible way to measure the outcomes of interest or their proxies. Establish a sufficient target population.	Outcome measures
	Questionnaires (SDQ/SRDS)	Questionnaires were completed at least once by 89 CYPs	Descriptive – comparisons pre-and post-intervention for those engaging in RM or RC	Establish a sufficient target population.	Outcome measures
	Remedi CMS /monitoring returns to YEF	Monitoring data on those engaging in RM or RC regarding take-up and operation (N=119)	Descriptive – comparisons pre-and post-intervention for those engaging in RM or RC	Establish a feasible way to measure the outcomes of interest or their proxies. Establish a sufficient target population.	Activities and levels of participation
Qualitative	Interviews/focus groups	CYPs (N=9) Remedi staff (N=12) Referrers (N=3, one from GMP and two from youth justice services from two boroughs) Victims (N=0) Families (N=9)	Thematic	ToC development Understand how the RM and RC interventions are experienced by all stakeholder groups Consider the possibility of unexpected adverse outcomes	Understanding activities and how these link to mechanisms that produce outcomes

Randomisation

The 'simple' randomisation method (Suresh, 2011), which is a robust method against selection and accidental biases, was used. We used the statistical software package Matlab to implement the randomisation. Automated randomisation ensured that the process was transparent and reproducible. Central randomisation was used as the Remedi administrators had to contact the research team to receive the allocation of the CYP. The research team received only a case ID from Remedi and returned only the randomisation outcome. Because several of the evaluation outcomes were self-reported and may have been susceptible to bias (for example, SDQ and SRDS), we blinded participants with respect to the true hypothesis that the RM intervention was better than RC. We only let them know that we were interested in testing two different types of interventions.

However, as noted above, the planned protocol for the recruitment of CYPs into the trial was altered in order to increase the level of referrals. As a result, CYPs and parents/carers gave initial verbal consent prior to randomisation but gave written consent and completed the baseline SDQ and SRDS after randomisation, so they knew which arm of the trial they had been entered into.

Due to the potential for selection bias this creates because of non-blinding, it was agreed that the original protocol (as outlined in Table 1 above) would be used for any future efficacy trial. The research team has also agreed on actions that ensure we are able to better monitor adherence to the protocol. Remedi staff will use a fidelity checklist to maintain records of when each of the steps in the protocol is completed; these will be reviewed by the research team to assess compliance.

Analysis

The pilot of the RCT tested the feasibility of implementing an RCT in this context as well as assessing Remedi's evidence of promise. No power calculations for the pilot were performed, and we did not use the data for frequentist analyses.

The primary outcome was subsequent contact with the police (taken from GMP and Police National Computer records). This was defined as any further contact linked to an offence as a suspect or victim and missing episodes. This is a broad definition and was chosen because the CYPs being referred to the RM or RC interventions were expected to have only had limited contact with the police. As a result, relying only on subsequent arrests and proven offending risked minimising their further contact with the police and ignoring interactions where the CYP was a victim rather than a perpetrator or suspect.

The secondary outcome was the CYPs' internalising and externalising problems scores derived from the SDQ test and measures of self-reported anti-social behaviour and offending captured from the SRDS questionnaire.

Descriptive statistics, such as means and percentages, were reported for all variables collected in the sample. Such variables included demographic data, such as age, gender and ethnicity, and the primary outcome data mentioned above. Cross-tabulations were used to show the prevalence of delinquent acts across age, gender and other demographic variables.

The key subgroup analysis was conducted with respect to the key demographics of age, gender and ethnicity to understand any differences in the outcomes for different demographic groups. Missing data was not statistically inputted. Given that this was a pilot, the reported descriptive statistics were only based on complete cases.

For the qualitative data, all interviews and focus groups were audio-recorded and transcribed where possible. Data was analysed using Braun and Clarke’s (2021) thematic techniques. NVIVO aided data analysis and interpretation. It was not possible to record interviews conducted remotely with two referrers due to technical issues. In those cases, a written record was made, and the notes were analysed in the same way. Collection and analysis of qualitative data were an iterative process, with both occurring in parallel – enabling emerging themes to be investigated in later interviews.

Timeline

Table 3. Timeline

Dates	Activity	Staff responsible/ leading
Jan–Mar 2022	Project set up – staff recruitment and training and defining referral pathways and record management processes Evaluation set up – information sharing agreements, developing evaluation materials and gaining ethics approval	Remedi UoB
April 2022	Project goes live – recruitment of CYPs into the study; begin collecting case monitoring data Begin collecting SDQ/SRDS outcome measures	Remedi UoB
May–Dec 2022	Project operation Gather quantitative data (outcome measures, case monitoring data and administrative outcome data) Gather qualitative data (interviews with staff, referrers, CYP, families and RJ victims)	Remedi UoB UoB
Jan 2023	Draft interim evaluation report	UoB
Feb–Mar 2023	YEF to make the decision on whether to progress to an efficacy study	YEF
Mar 2023	Submit the final evaluation report	UoB

Findings

Participants

Qualitative data

Remedi staff

The staff members who provided the RM and RC interventions took part in focus groups (specific to their job role) at two time points. We undertook focus groups with the mentors in late May 2022, when practitioners had been in post for around two months, and then again in late November 2022. All ten mentors who were initially recruited took part in the first set of focus groups. In the second, we spoke with five mentors, in part because some mentors had left their posts and were being replaced, and some were on leave. These focus groups were facilitated by at least two members of the research team and took place at a venue in Greater Manchester used for team meetings by the Remedi team.

The two staff managing and coordinating the interventions were interviewed together in June and then again in November. These interviews were face-to-face, first at Remedi's offices in Sheffield and then at a venue in Greater Manchester used for team meetings by the Remedi team. The two administrators for the project were interviewed together in May and November. The first of these interviews was remote, and the second was face-to-face at a venue in Greater Manchester used for team meetings by the Remedi team.

Referrers

During the study, we interviewed three referrers – one from GMP and two from youth justice services – representing three districts of Greater Manchester.⁶ We had intended to speak with referrers from across Greater Manchester, but fewer than expected were invited for the interview by Remedi due to a miscommunication with the research team. This was also affected by the lack of take-up of the RM intervention as a whole in some districts of Greater Manchester. All those referred to the research team were interviewed. All interviews were conducted remotely.

Children and young people

During the study, we interviewed nine CYPs – two had experienced the RM intervention, and seven had experienced the RC intervention. All but two CYPs were interviewed in their homes (two CYPs were interviewed in the businesses their families ran). Interviews were conducted by three members of the research team; two members were present at each interview. All of the interviewees were males aged 10–

⁶ Bury, Manchester city and Salford.

15 who lived in six of the Greater Manchester districts.⁷ All CYPs signed a consent statement to confirm their willingness to be interviewed⁸ and were given a £20 Amazon voucher to thank them for their time.

Parents/carers

We spoke with the parents, carers or other family members⁹ of all CYPs interviewed, plus the mother of a CYP who had experienced RM but refused to be interviewed.¹⁰ In most cases, parents/carers were part of the interview with the CYP and, indeed, had often been present during at least some of the RM intervention sessions; this was less often the case for those who had completed RC. In one case, we spoke with a carer after the conclusion of the interview with the CYP.

Victims

During the pilot study, it was not possible to speak with victims who had experienced an RJ component. The number of RJ interactions conducted by the Remedi mentors during the study period was lower than anticipated, and this impacted the number of such victims available for interviews.

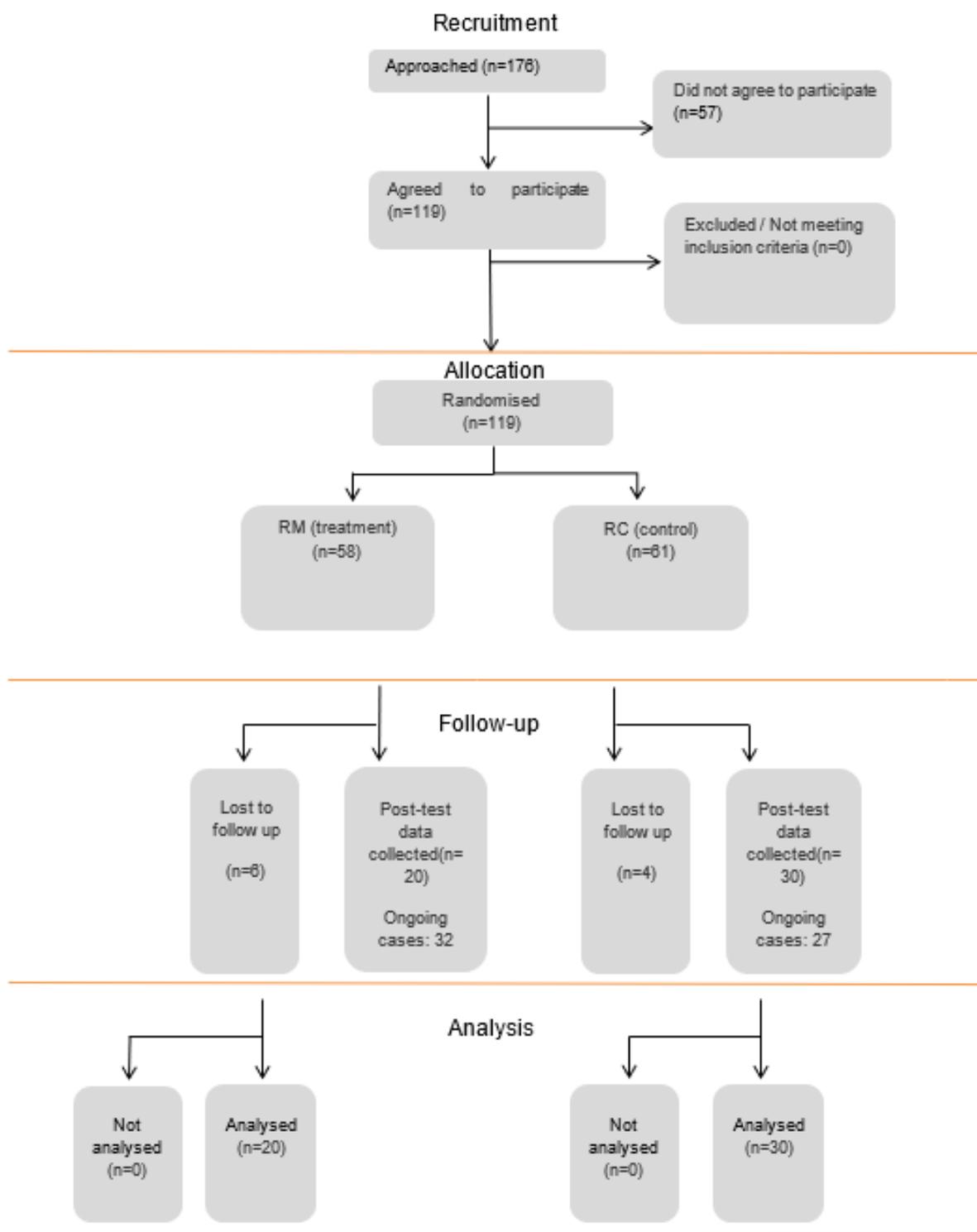
⁷ Bury, Manchester City, Salford, Stockport, Tameside and Trafford.

⁸ All CYPs and their parents/carers had signed a consent statement at the start of the intervention after provision of the participant information sheet. As this may have been some time ago, a consent statement was provided to interviewees to remind them of the basis on which the interview was conducted.

⁹ In one case, the older sister of an interviewee was present during the interview.

¹⁰ This CYP had not left their bedroom for an extended period of time and found interacting with new people difficult.

Figure 6: Participant flow diagram (two arms)



Note: CYPs referred to Remedi who did not meet the inclusion criteria were not recorded. Post-test data was not available on open cases.

Quantitative data

The data came from four different sources: the Remedi CMS, the GMP, and young people's individual SDQ and SRDS responses.

The tables below present figures on the sample of closed cases (total) and separately for the treatment (RM) and control groups (RC). The overall sample size was 119 observations, although there were several missing values. Out of these 119 CYP, 61 were randomised to RC and 58 to RM. There were six and four people lost to follow-up in the RM and RC groups, respectively.

There were several types of attrition. First, there were 57 cases (28 randomised into RC and 29 into RM) where written consent was not gained after the initial (verbal) consent was given and the cases were randomised. These cases did not form part of the study.

The attrition was for a number of different reasons and included CYPs and families where it was not possible for Remedi to make contact (either because incorrect details were provided or they did not respond to attempts to contact them), those who were accessing an alternative service at the point written consent was sought, cases where referrers asked Remedi to 'hold off' until things had settled down in the life of the CYP, those who reoffended and those who refused to sign up for the interventions.

During the pilot study period, Remedi implemented a number of mitigation strategies to reduce attrition at this point; these included improving relationships with referrers to ensure they only referred a child when the referrer felt it was appropriate, checking with referrers that contact numbers were correct at the point of referral and sending out letters to those that Remedi was unable to contact via telephone, which during the end of the pilot study period had produced positive responses.

Second, there was attrition by CYPs who consented but then dropped out after partial work was done (N=10, six allocated to RM and four allocated to RC). Remedi has discussed this attrition from the interventions during their regular team meetings. Strategies they have implemented to reduce this have included ensuring mentors always have the next session booked with the CYP to support continued engagement. This can, however, be undermined by changes in the CYP's life. For example, mentors often see CYPs in school, but if the CYP fails to attend or has been excluded, the school often does not let mentors know. Sessions can also be affected by reoffending, missing episodes, social care involvement and other changes in circumstances. Remedi will work with these agencies, but such circumstances sometimes need to take priority.

In addition, CYPs who had been released under investigation (RUI) by the police were eligible for the interventions but were not initially included by Remedi due to a misunderstanding. This was resolved in Autumn 2022, and between October and the end of the pilot study period, only seven CYPs consented to the study, suggesting only a small number of CYPs were missed for this reason.

Below, we present descriptive statistics for sub-groups using the Remedi CMS data. The full number of observations was 119, but there were missing values due to a lack of CYP response to some questions. The research team have discussed with Remedi managers how the recording of basic demographic information about CYPs who start the interventions can be improved. Remedi management is due to meet with the CMS designers to discuss some issues there have been with saving data that has been inputted. In addition, they plan to alter internal procedures to allow at least CYPs' sex and age, which should be provided on referral forms, to be recorded on the CMS. The other demographic information comes from a separate equal opportunities form, which is not always completed or completed in full by CYPs. Remedi management will

stress the importance of this data to any efficacy study to the mentoring team to try and improve completion rates.

Remedi Case Management System Data Analysis

This is the distribution by sex of CYPs in the sample.

Table 4. Sex of CYPs in the sample (missing values: 37)

Sex	RC		RM		Total	
	No.	%	No.	%	No.	%
Male	37	88.1	29	72.5	66	80.5
Female	5	11.9	11	27.5	16	19.5
Non-binary	0	0	0	0	0	0
Total	42	100	40	100	82	100

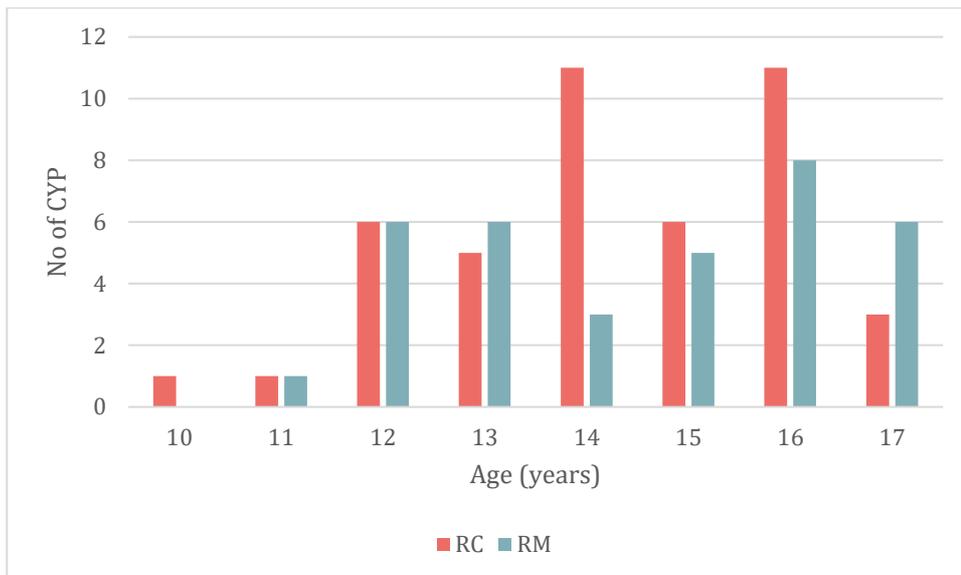
The following table reports the average total age in the sample

Table 5. Age of CYP in the sample (missing values: 40)

Average age	N	Mean (years)	Min	Max
RC	44	14.30	10	17
RM	35	14.51	11	17

The age distribution of the sample is also presented in the following graph:

Figure 7. Age distribution of CYPs in the sample (missing values: 40)



The distribution of ethnicities in the sample is as follows:

Table 6. Ethnicity of CYP in the sample (missing values: 59)

Ethnicity	RC		RM		Total	
	No.	%	No.	%	No.	%
Asian or Asian British	4	11.8	1	3.8	5	8.3
Black or Black British	1	2.9	3	11.5	4	6.7
Mixed Ethnicity	3	8.8	0	0.0	3	5.0
Other	1	2.9	0	0.0	1	1.7
White – British	25	73.5	22	84.6	47	78.3
Total	34	100	26	100	60	100

The distribution of carers in the sample is as follows:

Table 7. Main carer of CYPs in the sample (missing values: 32)

Main carer	RC		RM		Total	
	No.	%	No.	%	No.	%
Aunt	0	0.0	1	2.8	1	1.1
Carer/Guardian	3	5.9	0	0.0	3	3.4
Father	6	11.8	4	11.1	10	11.5
Grandfather	1	2.0	0	0.0	1	1.1
Grandmother	1	2.0	1	2.8	2	2.3
Mother	37	72.5	29	80.6	66	75.9
Other	1	2.0	0	0.0	1	1.1
Sister	1	2.0	1	2.8	2	2.3
Uncle	1	2.0	0	0.0	1	1.1
Total	51	100	36	100	87	100

The distribution of young people across referral sources is as follows:

Table 8. Referral source of CYPs in the sample (missing values: 6)

Referral source	RC		RM		Total	
	No.	%	No.	%	No.	%
Police (including school liaison officers)	23	37.7	20	38.5	43	38.1
Youth offending/justice services	38	62.3	32	61.5	70	61.9
Total	61	100	52	100	113	100

The distribution of young people across districts is as follows:

Table 9. District of CYPs in the sample (missing values: 32)

District	RC		RM		Total	
	No.	Rate ¹¹	No.	Rate ¹⁴	No.	Rate ¹⁴
Bolton	9	2.8	7	2.1	16	4.9
Bury	12	5.9	10	4.9	22	10.9
Manchester	18	3.2	13	2.3	31	5.5
Oldham	0	0.0	0	0.0	0	0.0
Rochdale	0	0.0	2	0.8	2	0.8
Salford	9	3.6	7	2.8	16	6.5
Stockport	6	2.2	7	2.5	13	4.7
Tameside	2	0.9	4	1.8	6	2.6
Trafford	3	1.2	1	0.4	4	1.6
Wigan	2	0.6	1	0.3	3	1.0
Total	51	1.7	36	1.2	87	3.0

This table shows that referrals varied across the areas of Greater Manchester. In part, this is explained by the relative size of different areas. For example, it was anticipated that Manchester would be the busiest area and source of the most referrals, which is reflected in the table. As noted in the report, some districts were less willing to refer to Remedi. This included Tameside, where concerns were expressed that the pilot was run as an RCT and that allocation to RM and RC was not based on need. This is despite Remedi working with local areas to explain the purpose of the RCT. In Rochdale and Wigan, local youth justice services were already providing support to CYPs similar to RC and chose not to refer to Remedi; however, the local Prosecution, Intervention, Education, Diversion (PIED) panel in Wigan¹² did refer to Remedi. Differences in local arrangements also had an effect. For example, Rochdale, Oldham and Trafford do not have a PIED panel in place, which has been a source of police referrals.

Evaluation feasibility

The feasibility of randomisation procedures

The randomisation procedure has worked smoothly. CYPs who verbally agreed to take part in the evaluation were given a case number, which was sent to the research team for allocation into either RM or RC. The simple randomisation procedure was implemented, although, as noted above, the timing of this in the consent process was not as outlined in the protocol. Almost one-third (32%) of CYPs did not give written consent following allocation to the trial, so they could not participate in the interventions. Remedi has reported that in some of these cases, gaining written consent from CYPs or from their parents/carers has been very difficult and time-consuming. For example, Remedi reported cases where parents/carers were

¹¹ Per 10,000 CYPs aged 10–17 in each district (Census 2021 data)

¹² These have been rolling out across GMP since a pilot in Tameside and Bury started in 2020. By the end of the study period they were in place in most districts.

difficult to contact or where CYPs refused to engage with the mentor, went missing, were managing contact with a number of different agencies or were living in households where this was the case for siblings. Mentors reported in the CMS the numerous and different attempts they had made to make contact to get forms signed, so it is clear they were working to get consent, but in these cases, it was not possible. Discussions with Remedi staff suggested that it was more these practical issues that prevented them from securing written consent, as opposed to concern from CYPs or parents regarding the randomisation or methodology; these were more of an issue for referral agencies. Remedi project managers did report that if the study was to be extended, they would improve the training mentors received on the consent and recording process so that mentors felt better equipped to gain written consent and were forewarned of the difficulties they may face; this will be needed for newly appointed mentors in particular. The CMS will also offer mentors options to describe the issue(s) faced with gaining written consent. This will allow issues faced to be more easily understood.

From the total number of 119 CYPs in the sample, 10 dropped out before work was complete. Therefore, the attrition rate was about 8%. Out of these 10 CYPs, six dropped from the treatment group and four from the control group.

The practicality of different outcome measures

We summarise below the data collected on various outcome measures.

GMP Data

The following table presents the history of young people in both arms of the study. The GMP database was searched for 42 CYPs who started either RC or RM during the first six months of the study. Of these, 40 (95%) were found in the GMP dataset.

Table 10. Prior offences of CYPs in the sample (missing values: 0)

Prior offences	RC	RM	Total
Yes	25	15	40

The distribution of offences that led to referral is as follows:

Table 11. Referral offences of CYPs in the sample (missing values: 0)

Offence group	RC		RM		Total	
	No.	%	No.	%	No.	%
Assault with injury	5	20.0	4	26.7	9	22.5
Assault with intent	7	28.0	3	20.0	10	25.0
Burglary	0	0.0	2	13.3	2	5.0
Criminal damage	1	4.0	0	0.0	1	2.5
Harassment	3	12.0	0	0.0	3	7.5
Malicious communications	1	4.0	0	0.0	1	2.5
Other theft	0	0.0	1	6.7	1	2.5
Possession of article with blade or point	5	20.0	3	20.0	8	20.0
Possession of firearms	1	4.0	1	6.7	2	5.0

Possession of other weapons	0	0.0	1	6.7	1	2.5
Robbery	1	4.0	0	0.0	1	2.5
Threats to kill	1	4.0	0	0.0	1	2.5
Total	25	100	15	100	40	100

The distribution of sentences at referral is as follows:

Table 12. Sentence of CYPs in the sample (missing values: 0)

Sentence	RC		RM		Total	
	No.	%	No.	%	No.	%
Community resolution	7	28.0	3	20.0	10	25.0
Prevention ¹³	12	48.0	5	33.3	17	42.5
Youth caution	6	24.0	6	40.0	12	30.0
Youth conditional caution	0	0.0	1	6.7	1	2.5
Total	25	100	15	100	40	100

The following table presents the further contact with GMP CYPs had after the interventions.

Table 13. Post contact with GMP of CYP in the sample (Missing values: 0)

Post-intervention contact with GMP	RC		RM		Total	
	No.	%	No.	%	No.	%
Yes	22	88.0	7	46.6	29	72.5
No	3	12.0	8	53.4	11	27.5
Total	25	100	15	100	40	100

The overall conclusion was that the RC and RM subsamples were balanced in most of the key categories despite the small sample size. This was evidence that the randomisation procedure produced a balanced sample and that cases in the Remedi data could be matched with police data.

SDQ analysis

There were 25 items in the SDQ, comprising five scales of five items each. The scales were 1) emotional problems, 2) conduct problems, 3) hyperactivity, 4) peer problems and 5) prosocial. These scales served as stand-alone indicators of difficulties in the respective area and formed two additional scales, the internalising and externalising factors. The externalising score ranges from 0 to 20 and is the sum of the conduct and hyperactivity scales. The internalising score ranges from 0 to 20 and is the sum of the emotional and peer problems scales (Goodman and Goodman, 2009). In the SDQ tests, a higher value in the emotional

¹³ Where CYP has been identified by the police and referred through the PIED panel process, but no further action has been taken with the crime.

problems, conduct problems, hyperactivity and peer problems subscales means greater difficulties, while a higher number in the prosocial scale means greater strength in those areas.

A crucial score is the ‘total difficulties score’, which measures the overall difficulties of youth. It is equal to the sum of the four negative scales: 1) emotional problems, 2) conduct problems, 3) hyperactivity and 4) peer problems. The population statistics for these four scales, the prosocial scale, the total difficulties score, and the internalising and externalising scores are shown in Table 17 (Goodman and Goodman, 2009), which we used as baseline comparison values to evaluate our sample findings. There were initial SDQ scores for 89 CYPs; this is equal to a 74% completion rate. Whilst Remedi mentors provided CYPs with the SDQ and offered support with its completion (for example, to understand the questions rather than what their answers should be), it was not always possible to get CYPs to complete it or complete it in full. Remedi reported that this was usually because the CYP had become uncontactable, refused to engage or had too many other agencies involved to continue with the interventions.

Table 14: Categorisation bands for self-completed SDQ scores for age 4-17

Scale	Close to average (80% pop)	Slightly raised (/lowered) (10% pop)	High (/low) (5% pop)	Very high (/very low) (5% pop)
Emotional problems score	0–4	5	6	7–10
Conduct problems score	0–3	4	5	6–10
Hyperactivity score	0–5	6	7	8–10
Peer problems score	0–2	3	4	5–10
Prosocial score	7–10	6	5	0–4
Externalising score	0–5	6–10	11–12	13–20
Internalising score	0–4	5–8	9–10	11–20
Total difficulties score	0–14	15–17	18–19	20–40

Table 15 summarises the ‘total difficulties score’ before and after the interventions for both treatment, RM, and control group, RC.

Table 15: Descriptive statistics for the total difficulties score of the SDQ outcomes

Total difficulties score	N	mean	25 th	50 th	75 th	Min	Max	Mean class
RC initial	44	17.22	13	17.5	21	0	32	Slightly raised
RM initial	44	16.25	12.5	16	20.5	0	27	Slightly raised
RC final	30	17.10	13	15	21	9	31	Slightly raised
RM final	20	15.1	11.5	14.5	19.5	7	26	Slightly raised

Although the values in this table should not be overinterpreted, given the small sample size, we extracted important information about the interventions. We observed some attrition in both groups, more severe in the RM group. This problem seemed to be related to both data collection issues and disengagement of CYPs. By comparing the mean values for the treatment and control groups with the parameters displayed in Table 17, both groups were classified as ‘slightly raised’ before the interventions. After the interventions,

treatment and control groups were also classified as ‘slightly raised’; however, we observed reductions in the mean values for both groups, with a larger drop for the treatment group. The means before the interventions were 17.22 for RC and 16.25 for RM, showing that CYPs joining RM had a slightly raised difficulty score. Looking at different parts of the distribution of difficulties, the slight difference in means seemed to be driven by a few more serious cases in the RC group. The post-intervention averages were 17.10 for the RC group and 15.1 for the RM group. In the sample, the RM group’s difficulties were somewhat lessened compared to the RC group. There was also an SDQ from the RC group that had missing values, which is why N=44 in the RC initial.

Regarding the remaining questions in the SDQs, these are presented below.

Table 16a: Descriptive statistics for the initial RC SDQ outcomes

N=45	Mean	25th	50th	75th	Min	Max	Mean class
Emotional problems score	3.18	1	4	5	0	8	Close to average
Conduct problems score	4.61	3	4.5	6	0	9	High
Hyperactivity score	6.91	6	7	9	0	10	High
Peer problems score	2.58	1	3	4	0	7	Slightly raised
Prosocial score	6.27	5	6	8	0	10	Slightly lowered
Internalising score	5.76	3	6	8	0	15	Slightly raised
Externalising score	11.55	9	12	14.5	0	19	Very high

Table 16b: Descriptive statistics for the initial RM SDQ outcomes

N=44	Mean	25th	50th	75th	Min	Max	Mean class
Emotional problems score	2.72	1	2.5	4	0	9	Close to average
Conduct problems score	4.39	3	4	6	0	9	Slightly raised
Hyperactivity score	6.64	5	7	8.5	0	10	High
Peer problems score	2.5	1	2	3	0	8	Slightly raised
Prosocial score	6.36	4	7	8	0	10	Slightly lowered
Internalising score	5.23	2	5	7.5	0	17	Slightly raised
Externalising score	11.02	8.5	11	13.5	0	18	Very high

Table 17a: Descriptive statistics for the final RC SDQ outcomes

N=30	Mean	25th	50th	75th	Min	Max	Mean class
Emotional problems score	2.83	1	2	5	0	10	Close to average
Conduct problems score	4.24	2	4	6	1	9	Slightly raised
Hyperactivity score	6.7	5	7	8	2	10	High
Peer problems score	3.13	2	3	4	0	6	Slightly raised
Prosocial score	6.03	5	6	8	2	10	Slightly lowered
Internalising score	5.97	3	6	8	0	14	Slightly raised
Externalising score	11.10	9	10	13	5	19	Very high

Table 17b: Descriptive statistics for the final RM SDQ outcomes

N=20	mean	25th	50th	75th	min	max	Mean Class
Emotional Problems Score	3.15	1.5	2.5	5	0	9	Close to average
Conduct Problems Score	3.4	2	3	4.5	0	7	Close to average
Hyperactivity Score	6.35	5	6.5	8	2	9	Slightly raised
Peer problems Score	2.2	1	2	3	0	6	Close to average
Prosocial Score	6.6	5	6.5	7.5	4	10	Close to average
Internalising Score	5.35	4	5	7	0	12	Slightly raised
Externalising Score	9.75	8	9	11	3	16	Slightly raised

The data in the above four tables shows that only the averages of the final SDQ for individuals who have completed the RM intervention are considerably closer to the population averages, although this is still a descriptive statistics result, and no test of significance was performed.

SRDS analysis

The SRDS is a widely used psychological measure of delinquent behaviour. It consists of 30 items that measure the frequency of various delinquent behaviours, such as shoplifting, vandalism, and violent acts. Each item reports the frequency of delinquent behaviour in a pre-specified period of time and is rated on an 8-point scale, ranging from 0 (never) to 11 (at least ten times). The SRDS is a useful tool for researchers and clinicians to assess the level of delinquency in individuals. In addition, the SRDS is useful in providing a baseline measure of behaviour that can be used to monitor changes over time.

The version of the SRDS applied in the pilot was chosen by the funder and was based on Sweep 3 of the Edinburgh Study of Youth Transitions and Crime. The full questionnaire appears in the Appendices.¹⁴

The SRDS questionnaire produced two measurement scores. The first one was a measure of the variety of delinquency and captured the variety of the different delinquent acts, i.e. using public transport without paying for tickets, making noise in a public place, shoplifting, stealing vehicles, stealing money, carrying a knife, spray painting, threatening, damaging and destroying foreign property, breaking into houses, setting something on fire, assaulting people, bullying, skiving, and using and selling drugs. The second measure was a measure of the volume of delinquent activities. It summed the number of such activities during the period of programme participation.

The sample size of initial SRDS scores (90) was almost the same as the SDQ (89) and faced the same challenges regarding completion by a minority of CYPs as the SDQ outlined above. The results from the initial and final run of the SRDS can be seen in the Tables below.

¹⁴ Please refer to Appendix C.

Table 18: Descriptive statistics for the variety of delinquency score of the SRDS questionnaire

Variety of delinquency score	N	Mean	25 th	50 th	75 th	Min	Max
RC initial	44	3.64	1	3	5.5	0	13
RM initial	45	3	2	3	4	0	8
RC final	30	2.73	1	2	4	0	12
RM final	20	1.9	1	1	2.5	0	7

Table 19: Descriptive statistics for the volume of delinquency score of the SRDS questionnaire

Volume of delinquency score	N	Mean	25 th	50 th	75 th	Min	Max
RC initial	45	14.4	1	8	17	0	82
RM initial	45	7.6	1	4	12	0	30
RC final	30	8.33	0	3	11	0	74
RM final	20	4.75	0	1	8	0	27

The sample averages show that both volume and variety scores were reduced after the RM and RC interventions. Notice that one baseline SRDS in the RC group had missing values, and that is why N=44 in the delinquency score.

The initial trial outline (Table 1 above) included a second run of both the SDQ and SRDS questionnaires with CYPs six months after their cases closed (Step 8). This proved not to be possible; Remedi did not retain the contact details of CYPs for data protection reasons once their cases closed. It was, therefore, not possible for Remedi to contact CYPs to complete the follow-up questionnaire. Once this was discovered, Remedi changed this process to retain limited data to allow follow-up questionnaires to be sent to CYPs. This will not be possible for cases closed prior to this change. The Remedi administration staff now maintains a database of when the follow-ups are due and sends calendar reminders to mentors to ensure these are being sent. These started to be collected in January 2023 and will be available for any further study.

The feasibility of recruitment procedures and strategies for improving retention to the evaluation

After an initially slow start to referrals in some of the districts of Greater Manchester areas, as the service was established, there was evidence towards the end of the study period that the projected mentor caseload targets (10 CYPs assigned to RM plus CYPs assigned to RC) were being achieved and sustained in some districts, particularly the city of Manchester.

The need to randomise CYPs into the interventions created different issues for practitioners in some of the Greater Manchester districts. In one district, practitioners were unhappy that randomisation meant that CYPs were not being allocated to RM or RC based on need. In others, because the local Youth Offending Team provided a service similar to RC and knowing some CYPs would be randomised into the Remedi version of this, they chose not to refer CYPs. For example, one referrer noted:

‘... we have workers going out saying, “We’re going to refer you to Remedi who work... it’s appropriate because this is the offence that you’ve committed, and you’ll be looking at violent crime.” And, “However, you may get some support at the end of this, and you may not, and we won’t know until the point of that referral’s made.” And for some families, that’s really strange because they say,

“Well, either they need it, or they don't, so what are you saying?” And they'll just say, “Well, forget it then, you deliver the work.” (Referrer 1)

In some districts, the issues with local youth justice services were somewhat mitigated by the presence of a multi-agency PIED panel that considered CYPs who met the criteria for the RM intervention and were willing to refer in. The expansion of such panels, led in some cases by GMP and in others by the local authority, during the study period had been one reason for referrals to the study increasing. In addition, Remedi managers reported, when interviewed in November, that relationships with partners across the 10 districts had developed, which supported an increase in referrals.

I think now we're at the stage where it's like all the youth justice services in the different areas trust us. They know what we're there to do. They've pretty much got their head around the randomisation aspect of it. (Remedi manager)

The referral process itself was reported by referrers to be straightforward, although one commented that the need to complete a form after a discussion at an out-of-court panel did delay their ability to refer the CYP to the service.

Mentors also felt that expanding the referral sources, for example, to schools and social workers, would help with referral levels.

Towards the end of the study period, Remedi were provided with direct access to GMP data.¹⁵ This allowed their staff to review CYPs who met the criteria for the interventions and identify those who had not been referred. During November–January, the first three months Remedi was able to review, GMP systems contained details of 389 CYPs who met the inclusion criteria for the interventions. Remedi is now in the process of discussing with GMP and local youth justice services how they could alter processes to increase the number of CYPs referred. For example, in Oldham and Trafford, where there are no PIED panels, Remedi staff are now directly referring eligible CYPs to the study from police data. In other areas where local police and youth justice staff are referring to the study, Remedi staff check names from police data with local agencies to identify eligible CYPs who have not been referred. In the six weeks from 1 January to 16 February, this resulted in 63 referrals.

Less delivery of RJ and restorative-based family support than expected

The outline of the RM intervention developed by Remedi made clear that whilst all CYPs would be offered mentoring, only in relevant cases would RJ and restorative-based family work be undertaken. However, it was reported during the pilot that the amount of RJ and restorative-based family work done had been lower than expected due to a slow start at the beginning of the study period, with referral rates down on anticipated levels. Data from the CMS on closed cases from April to December 2021 showed that of 21 RM cases, one involved family work alongside mentoring, six involved an RJ component and three involved both. Overall, this is just under half of closed RM cases (48%).

¹⁵ Staff given access were appropriately trained and vetted, and the data sharing was covered by an established data sharing agreement.

In some districts, local youth justice services have in-house services providing RJ and family support. During the study, they chose to continue providing these using their own workers, limiting the Remedi mentors to the mentoring component of the RM intervention. In some districts, Remedi staff were already in place providing RJ (separate from the staff providing the RM intervention), and they co-worked cases with the mentor. Remedi staff reported that towards the end of the study period, they had started work to try and improve the amount of co-working done with local authorities' RJ and family support staff. This included team managers checking that opportunities to do so had been taken in relevant-looking cases.

In addition, Remedi managers reported that there was a limited number of cases where mentors were providing RJ work to CYPs and, in some cases, victims but not recording it as such. They reported that this most likely reflected a training need and that, in addition to the month-long training conducted before mentors started in their roles, additional input was needed to allow mentors to feel confident in the RJ component of RM, both recognising opportunities for it and instances of it taking place and knowing how to record it. Furthermore, mentors may have focused on setting up the mentoring aspect of the RM intervention prior to the restorative-based family or RJ work. The fact that most mentors had limited experience in this work prior to starting the role would also have affected their confidence in this work. Remedi managers of this team noted that further training on this aspect of the RM intervention for new mentors being appointed from the start of 2023 would be introduced and that regular discussions of RJ would be included in monthly team meetings so that staff have the opportunity to discuss this aspect of the RM intervention and ask questions they may have about it.

Estimating the likely sample size required for the main stage study

A measure for effect size is Cohen's d (Cohen, 1988), which takes positive values. Cohen suggested that $d = 0.2$ represents a 'small' effect size, 0.5 represents a 'medium' effect size and 0.8 a 'large' effect size. The YEF Toolkit, which provides an overview of existing research on approaches to preventing serious youth violence, has looked at the evidence underpinning mentoring and pre-court diversion, which included RJ approaches. It found that the mean effect size of mentoring for juvenile delinquency was $d = 0.21$, and the mean effect size of pre-court diversion for reoffending was $d = 0.31$. Sample sizes necessary for detecting effect sizes in the range 0.2 – 0.3 are 348 and 784. Remedi's experience during the pilot study period reported here suggests that a sample size at the lower end of this range would be most achievable. As such, we would suggest a sample size such that the trial is sufficiently powered to detect a Cohen's d of at least 0.25 . This equates to a sample size of 502 CYPs across two efficacy studies, with 251 CYPs in the RM group and 251 CYPs in the RC group. This would tally with other literature in this field (O'Connor and Waddell, 2015), in which mean effect sizes found for youth violence interventions were in the range 0.19 – 0.4 .

Success criteria

- Project implementation
 - Baseline SDQ and SRDS surveys of all involved CYPs had at least a 60% response rate; anything below that was cause for concern (yellow), with a need to pause (red) if the response is below 40%.

There were a total of 89 and 90 CYP responses to the SDQ and SRDS questionnaires, respectively, out of 119 (74%). This rates as green. As outlined above, when discussing the completion of these two surveys, Remedi mentors provided CYPs with support with their completion (for example, to understand the questions rather than what their answers should be). CYPs who failed to complete them tended to have become uncontactable, refused to engage or had too many other agencies involved to continue with the interventions. Therefore, the issue was not with the questionnaires per se but with the ability of the CYP to maintain involvement with the interventions as a whole.

- Activities mentors undertake align with the ToC and were chosen after needs assessment; if there was misalignment, it would be necessary to re-visit the ToC; there was, in general, no need to stop the study but rather to understand why the two diverged.

Interviews with Remedi staff and a review of the CMS by members of the research team show that all CYPs who started the RM intervention worked with their mentor to create an action plan on areas of identified need.

- Actions in the action plan with CYPs were implemented in a collaborative process; if evidence shows that this is not happening, we need to discuss why with Remedi staff.

Interviews with Remedi staff and a review of the CMS by members of the research team show that this action plan forms the basis of the work done with CYPs, which is recorded on the CMS against the identified needs. It is, therefore, integral to the study. These also form the basis of case supervision that mentors have with managers every six weeks and are spot-checked by managers each month.¹⁶ A random sample of three or four cases for each mentor is reviewed by managers to check that action plans are being created, managed and reported against. We would, therefore, report that this criterion is being met and managed adequately.

- The CMS indicates that staff implemented the RM intervention as planned; this will be reviewed by the research team, and significant divergence will be reviewed with Remedi and YEF.

Interviews with Remedi staff, referrers and participants (CYPs and families/carers) and analysis of CMS data show that the RM and RC interventions were implemented as intended. For example, data shows that the average number of contacts CYPs received in the control RC programme was 3.79 (range: 1–9), which tallies with it being a four-session programme. CYPs receiving the RM intervention had an average of 11.6 contacts (range: 1–27), which tallies with it being a 12-week intervention, considering that this includes CYPs who did not complete the intervention.

As noted above, the RJ and restorative-based family support elements of the RM intervention, whilst implemented as planned, were utilised less often than anticipated due to the presence of alternative staff providing such support or them not being recorded accurately.

¹⁶ Example case supervision forms included as an Appendix.

- Personnel records show mentors received adequate supervision and support; this will be reviewed by the research team, and significant divergence will be reviewed with Remedi and YEF.

Interviews with Remedi staff reported that mentors were supported by their supervisors, and a well-developed management support system was in place. As noted above with regard to the RJ aspect of the RM intervention, some mentors were reported, in some cases, not to be accurately identifying opportunities for RJ, undertaking RJ work and not identifying it as such, or not recording it as such on the CMS. Remedi team managers felt that this was linked to recruiting a team of predominately young and relatively inexperienced mentors who had not undertaken RJ work before. Whilst the youth of the team was considered a benefit for the mentoring aspect of the RM intervention, it was felt that more training was required on the RJ aspect of the work. The team's training primarily took place during a month-long period prior to the start of the study. Again, whilst this was considered to have had benefits, especially with regard to team morale and cohesiveness, it was an intense period in which staff were required to learn a range of skills and techniques. Remedi managers recognised the need to continue to provide input to the mentors during the regular monthly team meetings.

Data regarding the supervision of Remedi mentoring staff was provided to the research team, covering the period from April to December 2022. This related both to one-to-one supervision for all staff members and case supervision for mentors holding a caseload of CYPs. For relevant staff, these two meetings were held back-to-back. Across this nine-month period, on average, the mentoring team received 4.7 supervisions. This number included four mentors who started in the post in March but left before December and two new mentors who started in October. For the four mentors who were in post for the whole period, they received an average of 6.25 supervision sessions, taking place approximately every six weeks. This was also the case for the two administrators, who remained in post during the study period and received six supervisions each. A six-weekly cycle of supervision was reported to be the planned schedule by the project managers. The project coordinator received four supervisions during the study period, occurring approximately once every two months. In addition to the supervision they received from Remedi line management, mentors reported that they also had access to free counselling sessions and monthly 'wellbeing hours' as a team.

- Recruitment and retention

- Recruitment to the RM and RC interventions was at least 60% of planned numbers within the pilot period. Anything below that was cause for concern (yellow), with a need to pause (red) if the response was below 40%.

While 176 CYPs agreed to participate in the programme, once they were given the formal consent form, 57 did not sign. As a result, the total number of CYPs enrolled in the programme was 119. The 12-month target was 464, which made the nine-month target equal to 348. This equates to a recruitment rate of 34% (119/348), rated as red.

Whilst this was concerning, we have explained several reasons why the start was slow, mainly related to some referrers being reluctant to participate in an RCT or to refer CYP to a service that provided similar support to existing provision. Following the slow start, numbers did pick up. For example, in the first three months of the study (April–June), 59 eligible CYPs were referred to Remedi; in the last

three months (October–December), this rose to 70. If this rate had been maintained throughout the nine-month study period, 210 CYPs would have been referred rather than 176.

Furthermore, towards the end of the study period, Remedi staff either directly referred those CYPs to the study or discussed the cases with the referral agencies involved with a view to referring them in. This change is expected to have a significant effect on the level of recruitment in any further study. As noted above, in the first three months, Remedi were able to review GMP systems (November 2022 to January 2023), and 389 eligible CYPs were identified. Whilst not all of these will consent to be part of the study, this is greater than the number of eligible CYPs referred during the nine months of the pilot study. This should improve levels of referral, particularly in areas not willing to engage in the study or without a multi-agency PIED panel to refer CYPs.

In addition, CYPs who have been RUI by the police are now being referred to the study. However, as noted above, the number of such CYPs is much lower than those identified from GMP data and, so, is likely to have less of an impact on overall referral numbers. Thus, while the recruitment numbers were cause for concern, the rate at which referrals picked up, as well as the push by Remedi to get eligible cases referred, allowed the research team to be confident that the numbers were close to what was needed to detect the selected effect size of 0.25.

- Measurement

- Administrative police contact information – at least 80% of referrals matched with GMP data: Remedi attempted to match 42 cases (those that closed in the first six months) and were successful 40 times, meaning $40/42=95\%$, rated green.
- Results from SDQ/SRDS – there was a total of 88 CYP responses to the SDQ and SRDS questionnaires out of the 119 CYPs who started the RM or RC programme, which is equal to 74%, which is rated green. As noted above, it was not possible to complete the six-month follow-ups of the SDQ and SRDS due to confusion regarding data retention. Whilst this data was not available for analysis during the pilot study, Remedi now retains these details and has begun to collect follow-up questionnaires. These will be available to any follow-up study, which will be able to consider the completion rate of these questionnaires.

Overall, it was reassuring to note that completion rates of all outcome variables were rated green, as was the matching to administrative data. There was also a clear plan to improve referrals further, and thus, we remained cautiously optimistic that the pilot was ready to proceed to trial.

Evidence of promise

Mentoring

A key component reflected from both RC and RM interviewees was the relationship CYPs were able to establish with their mentors. This was enabled by the mentors' friendly and empathic approach as well as their flexibility regarding when and where they met the CYPs and in the ways they could be contacted, which included text and WhatsApp. Whilst mentors replied to messages during their working hours, CYPs, parents and carers reported that mentors were quick to return messages sent or calls made out of hours when they were back at work.

CYPs valued the mentors' accepting style and ability to connect with them and their families whilst also challenging their thinking and behaviour.

'It was like coming and visiting a friend for her, you know, so that was the connection she had straight away, which was really, really good ... She's [mentor] just very calm. She's very calm and very pleasant and nice and, yeah, very easy to speak to ... not at all patronising ... it felt for once that we didn't have somebody judging us ... she would stand up to him'. (Mother of YEF 5, RM).

'She [mentor] was easy to get on with; as well, she was quite a lovely person; she was easy to talk to'. (YEF 35, RC)

'She was very warm and friendly, weren't she? She made you feel comfortable, made me feel comfortable about it, explained what the project was about; it was like someone there to support you, to speak to, and you actually got on with her really, really well, didn't you? She made you feel like you was important'. (YEF 27, RM)

'I don't know, she was just nice. Like, the way she talks about everything and stuff, she was just nice'. (YEF 102, RC)

More than once, participants (CYPs and their families) described the mentor as *'part of the family'*.

It was noted by one parent that the mentor was able to create an easy-going environment whilst maintaining a safe space with clear, professional boundaries.

'She'd say, "No, we've got to stop this meeting now, I've got to", and she was very professional, very, but yeah, she just had that about her, just the connection was fantastic "Yeah, text away", she said, "If my phone is off, I won't get it till the work hours". But she'd be there; she'd be like, "Come on, let's go out"'. (Mother of YEF 5, RM)

This was echoed by referring practitioners interviewed, who also noted the ability of the mentors to establish a working relationship with CYPs.

'[The mentor has] done some really good pieces of work with some very difficult-to-engage young people, so it's not just the lower-end children, really, that we're sending to [the mentor]. She's worked [with] some really challenging young people, and she's engaged them when we thought that she perhaps wouldn't be able to. So she has done some really meaningful bits of work'. (Referrer 1)

One referrer interviewed simply noted, *'The relationship is the intervention'* (Referrer 3). He considered the activities mentors had undertaken with CYPs and their families to be the tools to help build the relationship.

As one mentor stated in the second focus group, *'I think the uniqueness is us'*. Other mentors from that focus group added the following:

'I think once you build that relationship with them, I've noticed, if they don't want to talk about it straightaway, then they eventually will start thinking about it'. (Mentor, focus group 2)

Some [C]YPs say to me that at least you're not coming here and shouting at me and making me feel bad. So I think they kind of look at the mentors as a friend. I don't know how to say it, like a professional friend, but if they ever want to talk about anything, they know they can come to us, but if they were to speak to the case manager, maybe some of them are like, "I don't want to say anything because I'm just going to get in trouble". So they find us very friendly to approach'. (Mentor, focus group 2)

Mentors also felt that it was supported by being close in age to the CYPs, allowing them to relate to the CYPs. One mentor in the second focus group noted, *'It's being on that level with the young person'*.

One referrer noted that the working relationship had been easier to establish with CYPs who received the RM intervention as opposed to the RC intervention:

'So from my perspective, it's really the ones that have had that 12-week programme are the ones where we've actually built that relationship and that trust and established that, and that they seem to be the ones that have engaged that bit better with the whole out-of-court process and that moving forward positively'. (Referrer 1)

The elements of the mentoring highlighted by the referrers included the 'space and time' the mentors had to build relationships.

'I like the flexibility of it, if I'm honest, because it can be tailored so well to each young person. I think it's really positive; they get a lot of say in how that works for them, which is why I think it works so well for some of those more difficult-to-reach young people. And I know the flexibility of [mentor] has really helped with that as well, and I think that creativity needs to remain'. (Referrer 1)

In addition, Referrer 3 noted that mentors did not bring with them the stigma of a statutory service and approached the CYPs with passion and enthusiasm rather than negative expectations influenced by their reason for referral to the study.

One CYP who switched mentors early on in the RM intervention noted the variability in approach between workers and what they could offer. Initial conversations with the original mentor had outlined a number of activities they could undertake, but when the mentor changed, the activities also altered. It was suggested by the CYP's mother that this was related to the age and experience of the mentor. However, in other cases, as noted above, this variability was also considered positive, as mentors were viewed as being adaptive and responsive to the current needs of the CYP.

There was no evidence reported during the study that the turnover in mentors created an issue for the delivery of the RM and RC interventions. The five staff members who left did so at different points during the pilot study period, with new staff appointed and trained throughout. Due to the slow start in referrals, the mentoring team was not at capacity and, so, were able to pick up cases of mentors who left. Analysis was undertaken of the change in the SDQ total difficulties score at the start and end of the RM and RC interventions, grouped by the mentor providing the intervention. There is no clear pattern to suggest that

this outcome is affected by mentors who have been in post longer or who did not pass probation. This is affected by each mentor having only a small number of cases (fewer than 10) with both an opening and closing completed SDQ.

For CYPs, the RM intervention was used to help with issues ranging from crisis management to creating CVs, and for others, it was more informal chatting and arranging activities to encourage more prosocial hobbies and reduce social isolation, one of the longer-term outcomes described in the ToC. The Remedi managers highlighted this variety of work as one of the strengths of the RM intervention:

'It's just the sheer range, like going through the case management system and on-case supervision, on the needs tab that we've got in case supervision, going through all the different things that they're dealing with, from finance to relationships to education. It's huge, what they can work with. I think that's the main difference. That's why I think we get the feedback that we do because it is such a bespoke service that can deal with anything and everything.' (Remedi manager)

The mentors reported generally positive outcomes of their involvement with CYPs who received either the RM and RC intervention, including reductions in problematic behaviours and reduced involvement in risky situations and with high-risk peers. School attendance and related social relationships were reported as improved for the majority of the participants.

CYPs discussed the impact that they felt the RM and RC interventions had on them. Those interviewed, both CYPs and their families, were overwhelmingly positive about the operation and effect of the RM and RC interventions. The CYPs interviewed suggested that the interventions helped them to develop a greater awareness of how their actions impacted others. These comments speak to the ToC in relation to an increased understanding of consequential thinking skills and increased empathic thinking skills:

'Bits of everything, like talking about what effects, like, hurting someone has on them or other people or how to help control your emotions better and everything.' (YEF 27, RM)

'I think it's just someone to talk to, really. Get all that stuff out of my head.' (YEF 25, RM)

'Obviously, I'm thinking more actively, so I think before I do things, whereas before, I wasn't thinking before I did things.' (YEF 28, RC)

'Like all the things that'd happen if I did it again, a lot of stuff makes me angry. What would happen if I did it to someone else?' (YEF 102, RC)

'I'm not sure, like, different situations and, like, what you can, like, do differently or something.' (YEF 96, RC)

In addition, comments from one CYP in the RM group suggested that they were better able to develop and use techniques to manage difficult emotions and make better decisions in trigger situations. This comment addresses outcomes in the ToC related to increased self-esteem, confidence and resilience and reductions in displayed 'behavioural problems':

'It has helped because I used to – when I get stressed out, I'd shut off; I'd tell people to leave me alone; I'd walk – I'd storm out, go somewhere quiet and just sit there and pull at my ears, break my glasses; that was a main thing. And I just think that I'd really be able to, or if it was too much, I'd just break down and yell at someone or hurt someone like I did there [the referral incident]. And it just

definitely helped me understand why I do need to talk to people about it and how it can help me and others get through it better'. (YEF 27, RM)

The mentors felt that one of the main differences they made with both RM and RC was to improve the confidence of the CYPs and recognise when a 'push' could enable them to make changes in their lives.

'I think most of mine that I've had, they've [be]come a lot more confident. I think at the beginning, well, they're quite shy talking to new people anyway, but even in meetings with the school and things, they just openly talk with confidence, and they probably don't do that at the beginning, which is good'. (Mentor, focus group 2)

'And I feel like a lot of my cases, it's just about finding their feet, finding what they want to do'. (Mentor, focus group 2)

'She just got more confident. So I think, like you said, confidence is the biggest change. So once you see that physically, or whatever, yes'. (Mentor, focus group 2)

One way this was exemplified was during an annual Remedi showcase event in Manchester, where CYPs were invited to talk about their experience of mentoring and its effect. Mentors reported supporting CYPs with preparing their talks and seeing them benefiting from the opportunity.

Whilst the interviews with CYPs found that they generally approved of the topics and activities facilitated during both RM and RC sessions, one young person suggested that it would be beneficial to use IT in place of paper exercises, as this would be less reminiscent of school.

It was more common for those who had received the control RC intervention to struggle to recall it or disentangle it from other interventions they had received; for example, those concerned with substance use or additional support provided by their school.

'I don't know; I can't really remember, but I know I done it'. (YEF 3, RC)

'If I'm honest, I can't actually remember. It was a while ago'. (YEF 41, RC)

It was often the case during these interviews that parents, carers or family members reminded them of the name of the mentor or the type of work done to prompt them to comment on their experience of the intervention. Once they did, CYPs reported being satisfied with their mentor and the work done.

Regarding the dosage of the RC intervention, participants interviewed reported different opinions; some CYPs reported that it was the right length and they did not want more contact with their mentor. Others reported that they would have appreciated it running for longer, with some parents reporting being disappointed that the intervention was only four sessions when they were being offered 'mentoring', which they thought would be more open-ended. This was also a reaction from other professionals who assumed a 'mentor' would work in a more flexible, CYP-led way rather than on a focused programme as in RC.

It was reported by CYPs and parents/carers who had received the RM intervention that they tended to meet with their mentor once a week, with other contacts being made by phone, although this related only to three cases. Mentors reported usually meeting with CYPs twice a week but varying this based on need and tending to reduce contact towards the end of the intervention. They also maintained contact with CYPs via

text or other messages between meetings and attended meetings with other professionals regarding the CYP. In this way, the expected level of delivery (of 3–4 contacts a week) was met.

RJ

The RJ component was used or recorded less often than expected, as outlined in the previous section. As such, no victims were referred to the research team for interview. However, it was reported by project staff that victims were often family members of the CYPs, often mothers. As such, it was possible to get a sense of the RJ component with families from the interviews undertaken with CYPs alongside their parents/carers. This is reported in the section below.

When interviewed in November, Remedi managers reported improvements in mentors working cooperatively with youth justice workers to undertake the RJ component. For example, they noted that Remedi mentors who had built a relationship with a CYP were, therefore, well placed to support them during any RJ work with their youth justice worker.

Restorative-based family support

During the pilot study, the research team was only able to interview two parents/carers who had participated in the restorative-based family support component. However, it was noted in interviews with CYPs and their parents/carers that both the RC and RM interventions helped CYPs develop their communication skills. The fact that a family member or carer was usually present for at least some of the sessions or was kept updated about them by the mentor meant that they were aware of the work done between the CYP and mentor and could support it at home. Parents and carers also echoed the CYPs interviewed in reporting that mentors were easy to contact via text or WhatsApp.

Two mothers of CYPs receiving the RM intervention noted the work done by the mentor with the CYP continued in the family home and related to ‘improved familial communication’, one of the outcomes captured in the ToC.

‘On the days where I’d be sat with them, she’d sort of, I don’t know, start conversations that would then get me and [CYP], you know, talking about how we felt and everything. So that was really good. You know, and I think some of those conversations needed to happen, didn’t they? So that really did help’. (YEF 25, RM with family component).

‘It’s helped you to be able to say, “Well stop” ... and you’ve actually said to me before now haven’t you, “Which do you want me to do?” which I think is brilliant ... a brilliant skill to have for anyone’. (YEF 27, RM, mentoring only)

In focus groups with mentors, they reported spending a substantial part of their time during the intervention supporting the parents and carers of CYPs outside of the RC or RM intervention. For example, they reported attending meetings to support parents, explaining terminology to them and helping them negotiate relationships with agencies, such as schools.

Other findings

Joint work with other agencies

It was reported by Remedi staff (mentors and managers), CYPs and their families/carers, and referrers interviewed that the mentoring team worked closely with professionals in other agencies for the benefit of

the CYPs on their caseloads. This was supported by mentors attending out-of-court panels with multiple other agencies or other joint agency meetings concerned with a particular CYP arranged by schools or children's services, for example.

The mentors reported good working relationships with other referring and support agencies at the second focus group, by which time the mentors felt local agencies around Greater Manchester understood their role and the two interventions they were providing. Practitioners such as social workers and teachers were able to provide useful background and context on the CYP, and the mentors were able to discuss how they could focus their work to avoid duplication. Mentors noted slow responses to requests for information in some districts of Greater Manchester, particularly from social workers. They also reported that in some districts, they were able to refer CYPs to other agencies based within youth justice offices, such as Speech and Language Services and CAMHS.

Mentors also joint-worked cases with practitioners from other agencies. For example, a referrer, a GMP officer who worked as a school liaison officer, reported that Remedi is one of a number of agencies, including GMP, the Youth Offending Team, Children's Services and schools, who sit on the PIED panels that consider CYPs who have come to the notice of GMP as suspects but who are below the threshold for prosecution via the courts. The panels decide on the approach to take with CYPs. The RM intervention fits well with this work due to the similar inclusion criteria and is a relatively new area of work for GMP, which, prior to the start of the panels, did not work with CYPs at this lower threshold. Remedi is one of the agencies that is able to take on CYPs from these panels as long as they meet the inclusion criteria regarding the offence type.

In addition, the referrer reported conducting joint visits with Remedi mentors – usually towards the end of Remedi's work – to provide input to the CYP and their parents about what actions would be taken by GMP should the CYP get in trouble again.

'We need a few more [mentors]'. (Referrer 2, echoed by Referrer 3)

Similarly, a referrer interviewed who led a local authority youth justice service reported that the RM intervention fitted their service ethos regarding work with CYPs being participatory so that CYPs are actively involved in the work and not having work done to them and diverting CYPs away from the CJS rather than drawing them further into it. For example, he welcomed the way that Remedi mentors physically removed CYPs from the youth justice building, which can be a stigmatised building and a site where CYPs involved in the CJS can meet. In particular, he was grateful that the Remedi mentors were able to work more directly with CYPs and be less desk-based in their work than his youth workers. For example, Remedi mentors used other local services available, such as food banks, if families needed such support. In particular, mentors transported the CYP they worked with to activities or meetings and then stayed with them. This supported CYPs who may have been worried about travelling around Greater Manchester, in part because of a hangover from lockdown and in part because of territorial concerns if they had to travel outside of 'their' area. To this end, he reported requesting the same of his youth justice service staff.

Interviews with CYPs and their parents/carers suggested that CYPs valued the mentors' ability to liaise with other services involved in their care and advocate for their needs. Some parents/carers mentioned how the advocacy offered by the mentor had helped the CYP re-engage with school, youth clubs and other support

services. One of these from the RM group pertained to the increased access to/engagement with mental health services outcomes:

'... back into CAMHS and encouraged him to engage with [his] tutor.... she's given him encouragement to get into this programme now with school ... even my [Mum's] social worker giving her a kick up the backside'. (Mother of YEF 5, RM)

'Yeah, yeah. She liaised with school, and she also came up, and you had a meeting at school, didn't you, with your ... He had an academic mentor. So she would go up to the school and meet with him and his mentor, and then they'd get heads together and, sort of, put things into perspective and put plans in place'. (YEF 25, RC)

Interviews suggested that a number of CYPs were also engaging with other services, for example, drug and alcohol support, social care, alternative mentoring schemes and support from school, at the same time as receiving the Remedi interventions. Indeed, the mentors noted that in some cases, they needed to schedule their sessions with CYPs around a range of other professionals:

'Like, you work with so many other professionals. I didn't even know there were that many professionals in the world'. (Mentor, focus group 2)

'Like, one of my cases, he's got me, the youth justice case manager, he's in, like, a befriending programme; he's got a speech and language therapist. So that's, like, four days a week that people go and see him. So, he's only really got one day off where someone's not coming to see him, and he's at school every day. So sometimes, it's a bit difficult. They've got so many other people involved. It's quite overwhelming ... because they've got a timetable of people seeing them. They just want to come home and chill where they've got a speech and language therapist coming over or, like, CAMHS the next day and a social worker the next day and then me. So, it's quite a lot, like, every day'. (Mentor, focus group 2)

In some cases, mentors reported that CYPs needed to work to coordinate these different services, and their involvement often involved them repeating themselves regarding the reasons for referral and their needs.

Remedi team support

It was also clear from interviews with all Remedi staff groups that the team (mentors, administrators and managers) provided support for each other. For example, mentors reported in focus groups reaching out to each other to ask questions arising from cases, as well as seeking support from the team manager and coordinator, who had greater experience than the mentors. This was done via WhatsApp, phone and in person. It was commented a number of times that the month-long training programme run before the mentors started 'in the field' helped to bond the team together. This was considered to be particularly important because the team was not physically based together but rather dispersed across Greater Manchester, meeting up for monthly team meetings. This related to both the mentors and the administrators, who received the same training and reported feeling part of the team in the same way. It was reported that this close team feeling had been maintained despite mentors leaving the team and new mentors joining.

There were no reported unintended consequences, harm or negative effects.

Readiness for trial

The focus groups with the mentoring team showed progress in the delivery and impact of the interventions over the study period. The RM intervention was well defined, and the mentors and admin staff were well supported in their delivery of it. Interviews with referrers, CYPs and families suggested the RM intervention was welcomed and of benefit to those receiving it.

In terms of success criteria, all the outcome measures were found to be practical, and the response rate was satisfactory (i.e. green). This included both the self-reported measures (SDQ and SRDS) used as well as administrative data from GMP. The self-reported measures were completed by 74% of CYPs, and administrative data could be matched for 95% of respondents.

The Remedi CMS provided data on the characteristics of CYPs, but there was missing data for a number of CYPs. This was flagged by the research team with the Remedi manager, who has raised this with the mentors and admin staff. They have amended the referral form to allow the referrer to provide more of the required demographic data, and any missing data here will be checked by the admin team that receives referrals. Mentors will then gather the remaining demographic data on the equal opportunities form at the point of gaining written consent. The research team will use a fidelity checklist to monitor the process the Remedi team follows. For each CYP referred, a checklist will be completed to show the actions taken in the consent and baseline data collection process and in the provision of the interventions.

The research team did find aspects of the study that were not delivered as laid out in the protocol. The primary one of these was the deviation from the protocol in the way written informed consent was gained from CYPs and parents/carers after randomisation. The reasons for this are outlined above, and mitigations to this for any future study are laid out. In addition, whilst the mentoring aspect was largely delivered as planned, there was less use than expected of the restorative-based family support and RJ aspects. As outlined in this report, family support was also being delivered in some districts by youth justice staff who did not require the service from Remedi. With regard to RJ, this use of in-house staff was also an issue which affected the number of RJ intervention Remedi staff undertook. In addition, internal issues regarding the confidence of staff in delivering and recording the RJ work were issues.

The other key concern was the smaller-than-expected numbers in the pilot trial. However, as mentioned, we believe that this was mainly due to the reluctance of referring agencies to send CYPs to take part in an RCT, with some believing that the lighter touch (RC) intervention may not meet the needs of the CYPs. We believe that Remedi has done extensive work to assure them of the suitability of either intervention for CYPs, which led to an increased flow of referrals. Further, Remedi has used access to GMP data to identify potential referrals and will be pushing for these CYPs to be referred.

Taking all this into account, we remain confident that Remedi and the RM intervention are ready to proceed to an efficacy study.

Cost information

Cost descriptions were provided from Remedi's point of view. The costs of providing the interventions (both treatment and control) were fully funded by YEF and did not deviate from those submitted in the initial bid. These costs, broken down by board cost categories, are presented in the Table below.

Table 20: Remedi Year 1 Costs

Expenditure type	Pilot cost
Staff	£400,000.00
Equipment	£22,560.00
Organisational support	£35,700.00
Expenditure total	£458,260.00

Conclusion

Table 21: Summary of feasibility study findings

Research question	Finding
Test and refine a ToC (logic model) working with Remedi, YEF and relevant stakeholders. In addition, we would consider factors affecting implementation.	This was developed with Remedi during the co-design phase and reviewed during the process evaluation work. An initial draft ToC and an updated ToC are presented in this report.
Understand how the RM intervention is experienced by all stakeholder groups (CYPs, families/carers, victims, Remedi staff and referring organisations).	We have documented in detail all aspects of the RM intervention. Interviews were held with Remedi administrators, mentors, CYPs, victims, parents and carers. We also interviewed CYPs receiving the RC intervention for comparison.
Establish a feasible way to measure the outcomes of interest or their proxies.	<p>The primary (subsequent contact with the police) and secondary (CYPs' internalising and externalising problems scores derived from the SDQ test and measures of self-reported anti-social behaviour and offending captured from the SRDS questionnaire) outcomes for this study can be measured by data coming from the following sources:</p> <ul style="list-style-type: none"> ○ Remedi CMS data ○ GMP data ○ CYP SDQ ○ CYP SRDS <p>The pilot study has demonstrated the capability of Remedi to collect good quality data, which will facilitate impact evaluation. Issues with missing data from the SDQ, SRDS and Remedi CMS have, as detailed above, been discussed with Remedi, and mitigations agreed upon for any future study. This includes an agreement to retain CYPs' contact details long enough for the six-month follow-up SDQs and SRDS to be completed.</p>
Consider the possibility of unexpected adverse outcomes.	No unexpected adverse outcomes were reported.
Establish a sufficient target population – assess if there is sufficient enrolment of the target population to run a pilot and an efficacy study.	<p>In the nine months that the study took place, there were 170 CYPs recruited, with 119 randomised into the trial.</p> <p>There was a slower rate of recruitment than expected, leading to a smaller-than-expected sample, which was projected to be 464 CYPs.</p>

	However, Remedi has developed processes to improve the referral rate, which we expect would be sufficient for any future efficacy study. The primary change is Remedi having direct access to GMP data, allowing them to cross-check eligible CYPs with those referred. This was achieved at the end of the pilot study period and will particularly improve referral rates in districts where local services are unwilling to refer or lack the mechanisms to do so.
Ensure Remedi can recruit the planned number of mentors and that they have a well-defined referral pathway.	Remedi has successfully recruited the planned number of mentors (10) and maintained this number despite the turnover of staff.
Develop a design that provides robust impact evaluation and explore capturing key differences in sub-groups of interest with a contextual and theoretical underpinning.	This has been done, and the results of the descriptive analysis can be found below.

Evaluator judgement of evaluation feasibility

As discussed, Remedi ran two well-defined interventions. The RM ToC was clearly developed through co-design with YEF and the evaluation team. There was a slow start to the trial. The research team faced initial questions and hesitation from Remedi mentors, and both the research team and the Remedi managers spent time explaining why randomisation was necessary. Remedi, in turn, faced problems with referrers who felt that some CYPs should be referred to the more intensive (RM) programme. This suggests the need for more groundwork in the future to make stakeholders comfortable with the idea of randomisation to evaluate interventions where there is no clear evidence base. With input from the research team, Remedi was able to convince referrers across the majority of Greater Manchester districts to refer CYPs to the programme. As noted above, the levels of referrals varied across districts, with lower levels in Rochdale, Wigan, Oldham and Trafford. This resulted in referral numbers considerably lower than anticipated in the beginning, but we have commented on why we believe this will not be a problem for proceeding to an efficacy trial.

Reassuringly, all other success criteria have been met, and there is no need to modify any outcome variables, as each of them was measurable with appropriate response rates. Given that this was the first RCT that Remedi has run, this is commendable, and we do not suggest changes in the design or outcome variable for the efficacy trial. Clearly, a careful process has been established that begins with referrals and continues with randomisation, intervention implementation and follow-up using police data. This process delivers good-quality data, and it is envisaged that with the feedback and insights gained from the first year of the pilot, it will result in even higher-quality outputs in terms of CYP numbers in the efficacy study.

Limitations

Whilst this report outlines positive findings from the Remedi pilot study period, issues with its rollout and implementation have been identified, and these have impacted the pilot study. These are outlined in this section.

One of the key issues during the pilot study period was the slower-than-expected referral rate, leading to a smaller sample size for the study than anticipated. The effect of this was limited given the nature of the analysis expected during a pilot study and is expected to be improved during any follow-up study by Remedi having access to GMP data. This, in turn, led to Remedi making an operational change to the consent process to improve the referral rate, which meant that when CYPs gave written consent to the study, they knew which arm of the trial they had been randomised into. Whilst the research team considered the effect of this to be limited, it did mean blinding was not in place at all stages as expected. Remedi, however, has instituted a new process that makes sure that the blinding will work as expected in any follow-up study. A second operational decision taken by Remedi to remove contact details from the CMS for closed cases for data protection reasons also limited the study by removing the ability to gain 6-month follow-up SDQ and SRDS responses from CYPs. These were, therefore, not available in the pilot study. However, Remedi has instituted a process to ensure these will be sought during any follow-up study and started to gather them towards the end of the pilot study period.

The data analysis revealed a high percentage of missing data for SDQs and SRDSs and some demographic variables, such as age and ethnicity. Due to the nature of the analysis expected during the pilot study, this did not place a serious limitation on the study, and Remedi has created new processes to gather these variables, where possible, directly from referrers to reduce the level of data collected from CYPs during induction to the study.

Finally, issues with the implementation of the RM intervention impacted the extent of the qualitative data gathering possible during the pilot study. For example, the lower-than-expected uptake of some aspects of the RM intervention, particularly RJ and restorative-based family support, combined with the issues some mentors had with identifying and recording the RJ component of the RM intervention, meant there were no victims for interview, although interviews with some family members did contribute to our understanding of this aspect of the intervention due to the nature of victimisation in some cases. In addition, a miscommunication with Remedi and the lack of uptake of the RM intervention as a whole in some districts of Greater Manchester reduced the number of referrers available for interview.

Interpretation

Data gathered during the pilot study from interviews and focus groups with all participant groups reported that the RM intervention was well delivered and well received. Referrers welcomed the RM intervention as an additional source of support for eligible CYPs that could work in a flexible and bespoke way alongside other professionals. CYPs themselves and their families/carers reported appreciating both the RM and RC intervention, underpinned by the working relationships established with mentors. This was more the case amongst CYPs who received the treatment RM intervention than those who received the control RC intervention. Remedi staff as well as CYPs, families/carers and referrers provided an understanding of the operation of the RM intervention as well as the mechanisms underpinning it. These tended to tally with the initial draft of the ToC produced during the set-up of the pilot study. However, one aspect that was repeatedly mentioned by all participant groups was the importance of the relationships that mentors create

with the CYPs they work with and, where necessary, their families and carers. In this way, the study has been able to detail the content of the RM intervention and understand the way it is operating, unlike some previous studies of mentoring interventions. To this end, a revised version of the ToC is presented below, which includes this as a mechanism for the intervention.

Due to the way the RM intervention was implemented in some districts of Greater Manchester, meaning that less RJ work was conducted or recorded than anticipated, the research team has been less able to comment on this component of the RM intervention than hoped (please refer to the limitations section). However, as this work often overlapped with the family work done, some findings regarding it have been presented. This tallies with previous evidence that mentoring that incorporates family work can be more effective. However, for offences where the victim was not a family member, the study has been less able to provide findings. This will be an important gap to fill in any follow-up study due to a lack of evidence regarding the experience and the effectiveness of RJ interventions with CYPs.

We have successfully assembled a unique set of individual-level data by linking information collected by Remedi and administrative data from the GMP. The data contains demographic characteristics of young people, characteristics of mentors and several outcomes (including short- and long-term measures). A dataset with this level of detail is not available elsewhere for similar interventions and will allow a very thorough analysis of the effect of mentoring on young people's crime outcomes and the investigation of potential mechanisms underlying the effect: a question that, so far, has not been unequivocally answered by the literature. Given the detailed nature of the data, it is natural that we have some missing data at this initial stage. Intending to minimise this problem, we have agreed with Remedi on the need to ensure that there are more checks to ensure that the missing data that we have noted (though within the acceptable limit) is minimised for the efficacy trial. During the pilot study, it was not possible to test whether the SDQ and SRDS could be gathered from CYPs at a six-month follow-up point. This will be trialled in any efficacy study. The research team expect response rates to these to be lower than those completed at the start and end of their work with a mentor. As such, the ability to match CMS with GMP data at a high rate (95%) is particularly reassuring.

Figure 8. Restorative mentoring revised ToC

WHY	Problem observation	There are high levels of violent behaviours and violent crime committed by CYPs in the Greater Manchester area.
	Need	A number of these CYPs frequently have low levels of awareness/understanding/empathic awareness regarding the impact of their behaviours, have problematic issues within their familial setting and face varying levels of challenges regarding their mental and/or emotional health. If unsupported, these behaviours frequently result in greater degrees of violence/criminality.
WHO	Target population	CYPs aged 10–17 who have displayed violent behaviour OR have committed a violent offence capped at the level of an OOCSD sanction and referred via youth justice services and the police
		Planned scale: a minimum of 162 CYPs engaged with the RM and RC interventions each year.
HOW	Intervention activities	<p>Provision of a dedicated, trained team of 10 full-time practitioners providing intensive one-to-one support for CYPs with three primary focuses:</p> <ol style="list-style-type: none"> 1. Intensive mentoring 2. RJ 3. Restorative-based family support <p>The above team works in a collaborative partnership with referring agencies.</p> <p>Following referral and initial suitability, check that CYPs are offered:</p> <ul style="list-style-type: none"> • ALL: <ul style="list-style-type: none"> ○ Initial introduction and needs assessment ○ Supported referrals and direct support to access wider specialist mental health services ○ Impact assessment and evaluation ○ Mentoring: ‘Action Plan’ agreed with the young person with SMART goals and expectations established and one-to-one support with lower-level mental health needs (confidence building, etc). This will last for 12 weeks, based on 3–4 contacts per week. • RJ: provision of a full RJ intervention with the harmed individuals identified, if desired by the harmed individual/victim. RJ will be offered and mentioned during the mentoring work to give many opportunities to take part – using REMEDI’s empathic thinking work during the mentoring. • Restorative-based family work: to address conflicts/improve communication, support, etc. It will be based on a family plan, including family circle work and REMEDI’s Together Families programme, and will work towards a family agreement/exit plan.
	Intervention mechanisms	<p>Overall</p> <ul style="list-style-type: none"> • Working relationship established by the mentor with CYPs and their family/carer (as appropriate) • Increased access/engagement with mental health services <p>Mentoring</p> <ul style="list-style-type: none"> • Increased self-esteem, confidence and resilience; better able to cope with life crisis points

		<ul style="list-style-type: none"> • Increased understanding and consequential thinking skills • Increased empathic thinking skills • Decreased social isolation <p>RJ</p> <ul style="list-style-type: none"> • Victim satisfaction/benefits regarding coping, recovering and feeling safe and less fearful; improved health and sense of wellbeing <p>Restorative-based family support</p> <ul style="list-style-type: none"> • Improved familial relationships • Improved familial communication • Improved familial ability to address future challenges
WHAT	Short-term outcomes	<ul style="list-style-type: none"> • Reduced violent behaviours • Reduced levels of aggression • Reduced weapon carrying (where applicable) • Reduced displays of 'behavioural problems'
	Medium Term Outcomes	<ul style="list-style-type: none"> • Reduced involvement in violent and non-violent criminal offences • Reduced gang involvement • Improved relationships with friends
	Long Term Outcomes	<ul style="list-style-type: none"> • Reduced levels of crime • Reduced demand for other statutory services • Reduced community tensions • Improved mental/physical health of CYPs

Future research and publications

This pilot study has demonstrated that it is feasible to evaluate the Remedi intervention using the proposed methodology.

In any future efficacy study, the research team would seek to explore further the RJ aspect of the RM intervention and any effect that the characteristics of the mentors may have on the outcomes for CYPs. This will be supported by the expected increases in referrals to Remedi and the proposed changes to recording CMS data, which should reduce the amount of missing data.

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Appendices:

Appendix A: Study topic guides

Children and Young People

- Experience of the intervention
 - Reasons for referral
 - Elements of the intervention they are experiencing
- Benefits of the intervention
- Issues or problems with the intervention
- Comparison with any similar previous interventions
- Ideas for improvements / adaptations of the intervention
- How does it fit in with other aspects of their life (e.g. school, other forms of support received)

Parents

For those taking part in the Family Support element of the intervention

- Experience of the intervention
 - Reasons for referral
- Benefits of the intervention
- Issues or problems with the intervention
- Ideas for improvements / adaptations of the intervention
- How does it fit in with other forms of support received
- How does it compare to any other forms of support received

Victims

For those taking part in the restorative justice element of the intervention

- Experience of the intervention
 - Reasons for referral
- Benefits of the intervention
- Issues or problems with the intervention
- Ideas for improvements / adaptations of the intervention
- How does it fit in with to other forms of support received
- How does it compare to other forms of support received

Referring agencies

- Understanding of the YEF funded intervention (RM, Tier 2)
 - Its purpose and aims
 - How it will achieve these
 - How it fits into other diversionary work undertaken in Greater Manchester - especially RC Tier 1
 - Ease / appropriateness of referral process
- Expected benefits of the intervention
 - How these align with organisational aims/objectives
- Ideas for improvements / adaptations of the intervention
- Challenges of / risks to the intervention

Remedi Staff – initial

Including project managers and restorative mentors

- Understanding of the YEF funded intervention (RM, Tier 2)
 - Its purpose and aims
 - How it will achieve these
 - How it fits into other Remedi interventions – especially RC Tier 1
 - How it fits into other out of court disposal work in Greater Manchester
- Understanding of the role of restorative mentor
 - What will it involve
 - Exploring the three elements of the role / intervention
 - Exploring how RC/Tier 1 is delivered alongside it
- Prior experience before taking on the role
- Expected benefits of the role/intervention
- Challenges of / risks to the role / intervention

Remedi Staff – follow up

Including project managers, administrators and mentors

- **Progress of the YEF funded intervention**

Is the intervention being delivered as intended?

Fidelity- how do you balance integrity to the programme with responsiveness to client need?

Has anything had to be adapted since the original outline?

How unique is the service you offer? Do you ever feel that there are overlaps with the work you and other services are doing and things are being replicated?

- **Understanding of the role of the mentor team**

On average how often would you meet a CYP? A week / overall in the 12 weeks

Is it sufficient to meet initial needs?

What proportion of sessions are offered vs attended?

How big are caseloads generally?

Are you at capacity?

Which other services do you routinely refer to?

Are there sufficient support services to refer to in your area?

What do you feel is out of your remit?

Which professionals do you work closely as part of the intervention?

How much scope do you have to deviate from the project aims?

How do you instigate and manage boundary setting?

How many missed sessions/contacts before you close case?

Supervision - What form does this take? Is it sufficient?

Is there an impact of this role on practitioner's well-being?

Group supervision - Do you explore the different ways you and your colleagues deliver the programme? How much do you liaise with and get support from fellow RT workers?

- **Expected benefits of the role/intervention**

To what extent do you feel you meet the expectations of the CYP of your service?

If you think back to particularly 'successful' cases, what about the work you did do you think contributed to that success?

What makes a CYP ready to make a change? What signs do you like for which indicate that the CYP is motivated?

What proportion of cases are 'ready' to make changes when you see them?

What short, medium and long term outcomes do you think the intervention is able to achieve?

What interpersonal skills do you, as a practitioner bring to the role which you feel help build functional relationships with the CYP?

- **Challenges of / risks to the role / intervention**

What are the most significant barriers to engagement in your opinion?

What are the barriers to forming a productive working relationship?

Do you feel your team is representative of the populations you work with?

Are there any clients you feel are unsuitable for the service for any reason?

Are there any barriers / challenges created by other professionals?

e.g. regarding Remedi offering family support and/or restorative justice parts of the intervention

If you could change anything to make your role easier, what would it be?

Appendix B: Remedi Staff Supervision forms



Supervision/One to One Notes

Name:	
Date:	
Supervisor:	

Actions from Previous Meeting:

Thoughts of current role/any issues- and plans to resolve these:

Goals and actions agreed for next 2 months:

Training completed and Training requirements:

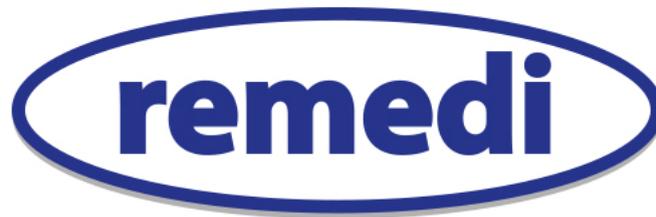
Any issues/discussions resulting from observed practice/dip sampling etc with agreed actions:

PTO

Personal Wellbeing- Any issues to discuss/raise and any agreed actions to address any concerns:

Any other business/issues not covered above/feedback:

A copy of these notes will be emailed directly to you. Should you disagree with the accuracy of any issues discussed/recorded please discuss these with the author.



Case Supervision

Practitioner:

Date:

Caseload

Total number of cases:

Number of S&C cases:

Thoughts on current caseload/capacity:

Case Catch Up

Case	Progress against previous actions	Current Stage	Challenges/Barriers	Quality Assurance Feedback	Next Steps

Comments/AOB (Including training/professional development needs identified)

Date of next case supervision

Appendix C: SRDS / SDQ Outcome Measures

Self-Report Delinquency Scale (SRDS)

Things you might have done

Instructions:

- All of the answers you give to these questions are confidential – nobody gets to see them, unless the information disclosed may result in significant harm to yourself or others.
- Read the questions carefully and follow the instructions at each question (these tell you how many boxes to tick and when to write something in).
- It is not a test – if you get stuck or need help just ask a member of staff.
- Questions that ask about ‘your parents/carers’ mean the adults that look after you.
- We are interested in things you might have done in the **last three months.**
- **Thank you for completing the survey.**

Your Name:

Case ref no.:

Date of Birth:

Today's date:

Male

Female

Other

Prefer not to say

1. During the last three months, did you travel on a bus or train without paying enough money or using someone else's pass?

Yes- answer questions in box

No -go to question 2

i. How many times did you do this during the last three months?

(Tick ONE box only)

Once Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from an inspector or another adult

Yes, from my parents/carers No

2. During the last three months, were you noisy or cheeky in a public place so that people complained, or you got into trouble? (DON'T include things you did at school)

Yes- answer questions in box

No -go to question 3

- i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3 times 4 times 5 times
 Between 6 and 10 times More than 10 times

- ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult
 Yes, from my parents/carers No

3. During the last three months, did you steal something from a shop or store?

Yes- answer questions in box

No -go to question 4

- i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3 times 4 times 5 times
 Between 6 and 10 times More than 10 times

- ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes from a security guard or another adult
 Yes, from my parents/carers No

iii. The last time you did this, what did you take from the shop or store?

I took

4. During the last three months, did you ride in a stolen car or van or a stolen motorbike?

Yes- answer questions in box

No -go to question 5

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult

Yes, from my parents/carers No

iii. The last time this happened, did you personally steal a vehicle?
(Tick YES or NO)

Yes

No

5. During the last three months, did you steal money or something else from school?

Yes- answer questions in box

No -go to question 6

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3times 4times 5times

Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from a teacher or another adult

Yes, from my parents/carers No

6. During the last three months, did you carry a knife or other weapon with you for protection or in case needed in a fight?

Yes- answer questions in box

No -go to question 7

i. How many times did you do this during the last three months?
(Tick ONE box only)

- Once Twice 3 times 4 times 5 times
- Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

- Yes, from the police Yes, from another adult
- Yes, from my parents/carers No

iii. The last time you did this, what kind of weapon did you carry?
(Tick ONE box only)

- Small knife or penknife Large Knife or flick knife
- Pole, stick or bat BB gun or air rifle
- Hammer or other metal weapon Another kind of weapon

7. During the last three months, did you write or spray paint on property that did not belong to you (e.g., a phone box, building or bus shelter)?

- Yes- answer questions in box No -go to question 8

i. How many times did you do this during the last three months?
(Tick ONE box only)

- Once Twice 3 times 4 times 5 times
- Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult

Yes, from my parents/carers No

8. During the last three months, did you use force, threats or weapon to steal money or something else from somebody?

Yes- answer questions in box

No -go to question 9

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3times 4times 5times

Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult

Yes, from my parents/carers No

iii. The last time this happened, what did you steal from the person?

I stole

9. During the last three months, did you damage or destroy property that did not belong to you on purpose (e.g., windows, cars or streetlights)?

Yes- answer questions in box

No -go to question 10

- i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3 times 4 times 5 times
 Between 6 and 10 times More than 10 times

- ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult
 Yes, from my parents/carers No

10. During the last three months, did you go into or break into a house or building to try and steal something?

Yes- answer questions in box No -go to question 11

- i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3 times 4 times 5 times
 Between 6 and 10 times More than 10 times

- ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult
 Yes, from my parents/carers No

iii. The last time you did this, what did you steal from the building?

I stole

11. During the last three months, did you steal money or something else from home?

Yes- answer questions in box No -go to question 12

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3times 4times 5times

Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult

Yes, from my parents/carers No

12. During the last three months, did break into a car or van to try and steal something out of it?

Yes- answer questions in box No -go to question 13

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3times 4times 5times

Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult

Yes, from my parents/carers No

iii. The last time you did this, what did you steal from the car or van?

I stole

13. During the last three months, did you set fire or try to set fire to something on purpose (e.g., a school, bus shelter, house etc)?

Yes- answer questions in box No -go to question 14

i. How many times did you do this during the three months?
(Tick ONE box only)

Once Twice 3times 4times 5times

Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult

Yes, from my parents/carers No

14. During the last three months, did you hurt or injure any animals or birds on purpose?

Yes- answer questions in box No -go to question 15

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3times 4times 5times

Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from the RSPCA or another adult

Yes, from my parents/carers No

iii. The last time you did this, what kind of animal or bird did you hurt or injure?

I hurt a

15. During the last three months, did you, hit, kick or punch someone on purpose (fight with them)? (DON'T include brothers, sisters or play-fighting),

Yes- answer questions in box No -go to question 16

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3 times 4 times 5 times

Between 6 and 10 times More than 10 times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult

Yes, from my parents/carers No

iii. The last time you did this, how badly did you hurt the other person?
(Tick as many boxes as you need to)

No injuries Bruises or black eye

Scratches or cuts Broken bones

Something else (please say what) _____

16. During the last three months, how often did you do each of these things to someone you know? (DON'T include brothers or sisters)

Tick ONE box on Every line

	Most Days	At least once a week	Less than once a week	Never
Ignore them on purpose or leave them out of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Say nasty things, slag them or call them names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Threaten to hurt them
- Hit, spit or throw stones at them
- Get other people to do these things

17. During the last three months, did you hit or pick on someone because of their race or skin colour?

- Yes- answer questions in box No -go to question 18

i. How many times did you do this during the last three months?
(Tick ONE box only)

- Once Twice 3times 4times 5times
- Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

- Yes, from the police Yes, from another adult
- Yes, from my parents/carers No

18. During the last three months, did you sell an illegal drug to someone?

Yes- answer questions in box No -go to question 19

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3times 4times 5times

Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from another adult

Yes, from my parents/carers No

iii. The last time you did this, what kind of drug did you sell?

I sold _____

19. During the last three months, did you, skip or skive school?

Yes- answer questions in box

No -End of questions.

i. How many times did you do this during the last three months?
(Tick ONE box only)

Once Twice 3times 4times 5times

Between 6 and 10 times More than 10times

ii. Did you get into trouble for doing this? (Tick as many boxes as you need to)

Yes, from the police Yes, from a teacher or another adult

Yes, from my parents/carers No

iii. How do your parents/carers feel most about your skiving school?
(Tick ONE box only)

Worried Angry

Not Bothered They don't know

Something else _____

Appendix D: Study information sheets and consent statements

Parents and guardians on behalf of children and young people participating – Information Sheet

An Evaluation of Remedi’s restorative mentoring programme

Contact details:

Name of Project Lead – Professor Siddhartha Bandyopadhyay, S.Bandyopadhyay@bham.ac.uk Tel: 07795 418984

Name of Data Protection Officer - Nicola Cardenas Blanco, dataprotection@contacts.bham.ac.uk Tel: +44 121 414 3916

We are carrying out an evaluation of people taking part in a new restorative mentors programme provided by Remedi to try to find out how the service might help young people and their families in the future. The evaluation is being funded by the Youth Endowment Fund (YEF). At the end of the evaluation data collected will be stored in a secure archive and used to follow-up on children’s progress in the future. This will include, for example, assessing whether children who took part in YEF funded projects were less likely to be excluded from school or get involved in crime in the future.

This information sheet contains more information about who we are, what we are doing, and why we are doing it. It also explains how we will use your child’s / the child in your care’s personal information if you agree for them to take part in our evaluation.

1. Who are we?

This evaluation is being organised by the University of Birmingham (<https://www.birmingham.ac.uk/research/crime-justice-policing/index.aspx>)

When we collect and use participants' personal information as part of the evaluation, we are the controllers of the personal information, which means we decide what personal information to collect and how it is used.

2. What are we doing?

The University of Birmingham is doing an evaluation of people who are taking part in the new restorative mentors programme provided by Remedi. The evaluation is a randomised control trial (RCT) which means we will compare those who take part in the restorative mentors programme with those who take part in another similar programme called restorative choices.

We are trying to find out whether the mentors can help support young people who have displayed violent behaviours and/or have committed a violent offence.

We will write a report about what we find, but the report won't include their name or any other information that could be used to identify them.

The report will go on the YEF's website and anyone will be able to read it. We might also write up articles or presentations using our findings, but again they won't include participant names or any other information that could be used to identify individuals.

The YEF, which funds this evaluation, is dedicated to preventing children and young people becoming involved in crime and violence. Once we have finished our evaluation, approved researchers will explore whether Remedi's restorative mentors, and other programmes funded by YEF, had an impact over a longer period of time, including whether they reduced involvement in crime and violence. This is explained in more detail below.

3. Who has reviewed this evaluation?

This evaluation has been reviewed and approved by the ethics committee at the University of Birmingham and received the following approval ID: ERN_22-0117

4. Why has your child/the child in your care been invited to take part?

Your child/the child in your care has been asked to take part in this evaluation because they have been referred to the Remedi programme.

5. Do they have to take part?

If you do not want them to take part in the evaluation, they don't have to. It's a decision you may want to take together.

We would like as many people as possible to take part in order to aid our understanding about what makes a difference for young people and their families.

If your child/the child in your care chooses not to take part in the evaluation at the start, Remedi will continue to work with them. However, the restorative mentor will not be available to them.

6. What happens if your child/the child in your care takes part?

If you choose to take part in the evaluation your child/the child in your care will be put into one of two groups, one will take part in the restorative mentoring programme, and the other in the restorative choices programme. Which group they are in will be decided at random, using something like an electronic coin toss. Remedi staff will tell you more about the programme they are in and what it will involve.

If they take part in the evaluation, we will ask the Remedi mentor to ask your child/the child in your care some questions about their behaviour at the start of their work. Once they finish the Remedi programme, the mentor will ask them to answer the same questions again. It should take you about half an hour to answer each set of questions.

We may also ask your child/the child in your care some questions about themselves, their family and time working with a Remedi mentor. This will take about an hour. We will record the conversation so that we can remember everything that's said. If we do speak with your child/the child in your care, your child will be given a £20 voucher, as compensation for the time spent taking part.

We will also ask them to allow us to collect information from Remedi records about them and their time working with the mentor.

We will use the information to find out how well the Remedi restorative mentor programme has worked.

We will also ask Greater Manchester Police and local youth justice services to give us information about their contact with them before and after working with the Remedi mentor.

7. Safeguarding

Occasionally, someone may feel upset about a question or issue that arises during the evaluation. If your child/the child in your care feels upset by any of the questions

they are asked as part of this evaluation, they can refuse to answer them and can tell one of our team or one of the Remedi team. If they do not feel able to ask us or Remedi for help, we encourage you to make contact with an external support service such as The Samaritans (Tel. 116 123, www.samaritans.org) or Childline (Tel. 0800 1111, www.childline.org.uk).

We will treat the information that your child/the child in your care shares with us as confidential, but we may have to break confidentiality if they tell us something that makes us concerned about them or others being at risk. If this happens then we will usually discuss the issue with them first. You can find more information in Remedi's Safeguarding Policy.

8. How will we use the personal information that we collect?

Data protection laws require us to have valid reason to use your child's/the child in your care's personal information. This is referred to as our 'lawful basis for processing'.

We rely on the 'public task' lawful basis to use their personal information. We will only use more sensitive information (such as criminal offence information) if it is necessary for research purposes.

We will use the information they give us to evaluate how well the Remedi restorative mentors programme has worked and to write a report about our findings based on all of the questionnaires, interviews and other data gathering we have carried out.

The final report will not contain any personal information about the people who took part in the evaluation and it will not be possible to identify individuals from the report. The report will be published on the YEF's website and we might also use the information in academic articles that we write and in presentations we give.

Any personal information that your child/the child in your care gives us will be stored securely and kept confidential.

- Once we have finished our evaluation, we will share all of the information we have gathered about everyone who has taken part with the Department for Education (DfE). The DfE will replace all identifying information about the young people who have taken part in the evaluation (their name, gender, date of birth, home address) with the young person's unique Pupil Matching Reference number in the DfE's National Pupil Database. Once this has been done, it is no longer possible to identify any individual young person from the evaluation data. This process is called pseudonymisation.

- Once information is transferred to the DfE to be pseudonymised, we hand over control to the YEF for protecting your personal information. The DfE will transfer the pseudonymised information to the YEF archive, which is stored in the Office for National Statistics' (ONS) Secure Research Service (SRS). The YEF is the 'controller' of the information in the YEF archive. By maintaining the archive and allowing approved researchers to access the information in the archive, the YEF is performing a task in the public interest and this gives the YEF a lawful basis to use personal information.
- Information in the YEF archive can only be used by approved researchers to explore whether Remedi's restorative mentors programme, and other programmes funded by YEF, had an impact over a longer period of time. Using the unique Pupil Matching Reference numbers added to the data by the DfE, it will be possible to link the records held in the YEF archive to other public datasets such as education and criminal justice datasets. This will help approved researchers to find out the long-term impact of the projects funded by YEF because they'll be able to see, for example, whether being part of a project reduces a child's likelihood of being excluded from school or becoming involved in criminal activity.

9. How is information in the YEF archive protected?

The YEF have put in place strong measures to protect the information in their archive. As well as the pseudonymisation process described in section 8, the YEF archive is protected by the Office for National Statistics' 'Five Safes' framework. The information can only be accessed by approved researchers in secure settings and there are strict restrictions about how the information can be used. All proposals must be approved by an ethics panel. Information in the YEF archive cannot be used by law enforcement bodies or by the

Home Office for immigration enforcement purposes.

You can find more information about the YEF archive and the Five Safes on the YEF's

website: <https://res.cloudinary.com/yef/images/v1625734531/cdn/YEF-Data-Guidance-Participants/YEF-Data-Guidance-Participants.pdf>

We encourage all parents and guardians to read the YEF's guidance for participants before deciding to take part in this evaluation.

10. What happens if you change your mind?

Your child/the child under your care can change your minds about whether they take part in the evaluation at any time after they begin the programme. To withdraw them from the evaluation, contact the Project Lead using the details provided in the box at the start of this information sheet, or speak to a member of Remedi staff.

You do not have to give a reason and you will still be allowed to take part in the restorative mentors project.

If you decide to withdraw, you should tell us as soon as possible. Two weeks after they complete their work with the mentor it will no longer be possible to delete their personal information already collected even though you are no longer taking part in further data collection. This is because we will have used their

information, along with all of the information we have gathered from the other participants, to carry out our evaluation and to write our report.

Once information goes into the YEF archive it can no longer be deleted as that would affect the quality of the archived data for use in future research.

11. Retention and deletion

The University of Birmingham will keep your child's/the child under your care's personal information for 10 years after we have transferred the data to DfE for archiving.

We will first remove any information that could directly or indirectly identify individuals – once data has been anonymised in this way, it is no longer 'personal information'.

The YEF will keep information in the YEF archive for as long as it is needed for research purposes. Data protection laws permit personal information to be kept for longer periods of time where it is necessary for research and archiving in the public interest, and for statistical purposes. The YEF we will carry out a review every five years to assess whether there is a continued benefit to storing the information in the archive, based on its potential use in future research.

12. Data protection rights

You and your child/the child in your care have the right to:

- ask for access to the personal information that we hold about them;
- ask us to correct any personal information that we hold about them which is incorrect, incomplete or inaccurate.

In certain circumstances, you also have the right to:

- ask us to erase the personal information where there is no good reason for us continuing to hold it – please read the information in section 10 about the time limits for requesting deletion of your personal information;
- object to us using the personal information for public interest purposes;
- ask us to restrict or suspend the use of the personal information, for example, if you want us to establish its accuracy or our reasons for using it.

If you want to exercise any of these rights during the evaluation period, please contact our Data Protection Officer using the details provided in the box at the start of this information sheet. We will usually respond within 1 month of receiving your request.

If you want to exercise any of these rights after the evaluation has finished (i.e. after the point when information has been shared with DfE), please contact the YEF. Further information and their contact details are available in YEF's guidance for participants at this link

The law gives you rights over how we can use your information. You can find full details of these rights the YEF website: <https://res.cloudinary.com/yef/images/v1625734531/cdn/YEF-Data-Guidance-Participants/YEF-Data-Guidance-Participants.pdf>

When exercising any of these data rights, we may need to ask for more information from you/your child/ the child in your care to help us confirm their identity.

This is a security measure to ensure that personal information is not shared with a person who has no right to receive it. We may also contact you to ask you for further information in relation to your request to speed up our response.

13. Other privacy information

You can find more information about how we collect and use personal information in our privacy notice which is available on our website at:

<https://www.birmingham.ac.uk/privacy/index.aspx>

Sharing their personal information

We only ever use your child's/the child in your care's personal information if we are satisfied that it is lawful and fair to do so. Section 8 above explains how we share data with the Department for Education and the YEF. If you decide to allow your child/the child in your care can take part in the evaluation, we may also share their personal information with our professional advisers, for example, our insurers or our lawyers.

Data security

We will put in place technical and organisational measures in place to protect your

child's/the child's in your care personal information, including:

- limiting access to folders where information is stored to only those people who have a need to know
- replacing identifying information (e.g. name) with a unique code

International transfers

We do not transfer your personal data outside the UK.

14. Feedback, queries or complaints

If you have any feedback or questions about how we use personal information, or if you want to make a complaint, you can contact our Data Protection Officer using the details provided in the box at the start of this information sheet.

We always encourage you to speak to us first, but if you remain unsatisfied you also have the right to make a complaint at any time to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues: <https://ico.org.uk/make-a-complaint/>.

An Evaluation of Remedi's restorative mentors

Confirmation statement for parents and guardians on behalf of the children in their care

I confirm that:

- I have read the information sheet for parents and guardians
- I have had an opportunity to ask questions about how personal information is used in the evaluation
- I have enough information to make a decision about whether my child/the child in my care can participate in the evaluation
- I understand that my child/the child in my care is free to withdraw from the evaluation at any time. After two weeks after they have completed the Remedi intervention we will not be able to remove their information from our files.

I agree my child/the child in my care can take part in this evaluation

Name of participant/child (block capitals):

Signed (adult on behalf of participant)

Date

Name of adult (block capitals)

Signature of researcher / practitioner

Date

Researcher's / Practitioner's contact details

Name:

Tel:

Email:

Children and Young People Information Sheet

An Evaluation of Remedi's restorative mentors

What we are doing

The University of Birmingham is doing an evaluation of people who are taking part in the new restorative mentors programme provided by Remedi to evaluate how the programme is working. We are trying to find out whether the mentors can help support young people who have displayed violent behaviours and/or have committed a violent offence.

The evaluation, designed by University of Birmingham and is being funded by the Youth Endowment Fund (YEF). The evaluation is a randomised control trial (RCT) which means we will compare those who take part in the restorative mentors programme with those who take part in another similar programme called restorative choices.

Who we are

Name of Project Lead – Professor Siddhartha Bandyopadhyay, S.Bandyopadhyay@bham.ac.uk Tel: 07795 418984

Name of Data Protection Officer - Nicola Cardenas Blanco, dataprotection@contacts.bham.ac.uk, Tel: +44 121 414 3916

We are part of University of Birmingham, and are called the 'controller' because we decide what personal information to collect and how it is used.

What you will need to do

If you choose to take part in the evaluation you will be put into one of two groups, one will take part in the restorative mentoring programme, and the other in the restorative choices programme. Which group you are in will be decided at random, using something like an electronic coin toss. Remedi staff will tell you more about the programme you are in.

We will then ask the Remedi mentor to ask you to complete a behaviour survey at the start of their work with you. Once you finish the Remedi programme you are in, they will ask you to answer the same questions again. It should take you about half an hour to answer each set of questions.

We may also ask you some questions about yourself, your family and your time working with your Remedi mentor. This will take about an hour. We will record the conversation so that we can remember everything that's said. If we do speak with you will give you a £20 voucher, as compensation for the time spent taking part.

Information we collect

We will ask you to give us some information about yourself, like your name and your date of birth. We will also ask you to allow us to collect information from Remedi records about your time working with the mentor.

How we use your information

We will use the information to find out how well the Remedi restorative mentor programme has worked, compared to the restorative choices programme.

We will also ask Greater Manchester Police and local youth justice services to give us information about your contact with them before and after working with the Remedi mentor.

We will write a report about what we find, but the report won't include your name or any other information that could be used to identify you.

The report will go on the YEF's website and anyone will be able to read it. We might also write up articles or presentations using our findings, but again they won't include your name or any other information that could be used to identify you.

How we comply with the law

We will only use your information if the law says it's ok. Data protection laws require us to have valid reason to use your personal information. This is referred to as our 'lawful basis for processing' and in this case it is because what we are doing can be considered a 'public task', because this evaluation is interesting and important to lots of.

We always keep your information safe. During the evaluation, we only let our research team look at your information and we won't share your information with anyone in other countries.

Keeping you safe

If you feel upset by any of the questions we ask you, you should tell us or your parent or guardian or your mentor.

We will keep what you tell us a secret unless we think that you or someone else might be at risk of harm. If this happens then we will usually talk to you first to tell you why we want to talk to another person or organisation.

After the evaluation finishes

When we finish the evaluation, we'll give your information to the YEF and they will become the 'controller'. This will be passed to the Department for Education (DfE) for them to pseudonymise your data; this means they will take out your name and other personal details like your address. This means that no one who looks at the information in the YEF archive will be able to identify you. Your information will then be kept in a safe place called the YEF archive which is held within the Office for National Statistics' (ONS) Secure Research. By maintaining the archive and allowing approved researchers to access the information in the archive, the YEF is performing a task in the public interest and this gives the YEF a lawful basis to use personal information. You can find more information about the YEF archive on the YEF's website: <https://youthendowmentfund.org.uk/faqs-the-youth-endowment-fund-data-archive>.

In the future, people can ask to use the YEF archive to do more studies to find out whether Remedi's restorative mentor programme, and other projects like it, have helped young people.

Only researchers who are approved by the ONS will be able to look at the archive. The YEF archive is protected by the ONS's 'Five Safes' framework and information in the YEF archive can't be used by the police. It can however be used to link to other public datasets such as education and criminal justice datasets. This will help approved researchers to find out the long-term impact of the projects funded by YEF.

Do you want to take part?

We want lots of people to take part because this helps us to understand what makes a difference for young people and their families.

You do not have to take part in the evaluation – it's up to you. If you don't want to take part, tell your parent or guardian or your mentor.

If you decide not to take part in the evaluation, Remedi will still support you, but you won't be able to take part in the restorative mentor programme.

What happens if you change your mind?

You can change your mind about taking part in the evaluation after the programme starts, at any time up until you have completed the second questionnaire at the end of the programme.

If you change your mind tell your parent or guardian, or your mentor and they will let us know. You will still be allowed to take part in the restorative mentor programme.

We will ask you if you are happy for us to keep the information that we already have about you. If you do not want us to keep this information, we will delete it.

If you are having second thoughts, you should tell someone as soon as possible. Two weeks after you have completed the second questionnaire we won't be able to delete your information. This is because we will have used your information to make our findings and to write our report.

Once your information goes into the YEF archive it can't be deleted because it needs to be used for future research.

How long we keep your information

The University of Birmingham will keep your information for 10 years after we finish our report. Your data will be stored in a way so that people can't link your name to your information.

Information will be kept safely in the YEF archive for as long as it is needed for future research.

Your legal rights

The law gives you rights over how we can use your information. You can find full details of

these rights the YEF website: <https://res.cloudinary.com/yef/images/v1625734531/cdn/YEF-Data-Guidance-Participants/YEF-Data-Guidance-Participants.pdf>

or in the information sheet we have given to your parent or guardian.

Questions?

If you have any questions about how we use your information, what information we hold, or if you want to complain, you can contact our Data Protection Officer. Their contact details are in the box on the first page.

You also have the right to make a complaint to the Information Commissioner's Office

(ICO). You can find more information about the ICO and how to make complain to them on their website <https://ico.org.uk/make-a-complaint>.

An Evaluation of Remedi's restorative mentors

Confirmation Statement for Children and Young People

I confirm that:

- I have read the information sheet for children and young people
- I have had an opportunity to ask questions about how personal information is used in the evaluation
- I have enough information to make a decision about whether to participate in the evaluation
- I understand that I am free to withdraw from the evaluation at anytime. After two weeks after I have completed the Remedi intervention it will not be possible to remove my data from the records of the research team.

I agree to take part in this evaluation

Signed:

(participant)

Date:

Name in block capitals:

(participant)

Signature of researcher/practitioner:

Date:

Researcher's / Practitioner's contact details

Name: -----

Tel: -----

Email: -----

Adult Participant Information Sheet

An Evaluation of Remedi's restorative mentors

What we are doing

The University of Birmingham is evaluating the restorative mentors programme provided by Remedi.

We are trying to find out whether the mentors can help support young people who have displayed violent behaviours and/or have committed a violent offence.

You are being invited to take part in an interview about the programme because you have taken part in some aspect of it (as a participant, including as a victim engaged in the restorative justice component, or as a practitioner).

Who we are

Name of Project Lead – Professor Siddhartha Bandyopadhyay, S.Bandyopadhyay@bham.ac.uk Tel: 07795 418984

Name of Data Protection Officer - Nicola Cardenas Blanco, dataprotection@contacts.bham.ac.uk, Tel: +44 121 414 3916

We are part of University of Birmingham, and are called the 'controller' because we look after your information.

What you will need to do

If you take part in the evaluation, we will ask you some questions about the programme. This will take about an hour. We will record the conversation so that we can remember everything that's said.

Information we collect

We will ask you to give us some information about yourself and your experience of the programme.

How we use your information

We will use the information to find out how well the Remedi restorative mentor programme has worked.

We will write a report about what we find, but the report won't include your name or any other information that could be used to identify you.

The report will go on the YEF's website and anyone will be able to read it. We might also write up articles or presentations using our findings, but again they won't include your name or any other information that could be used to identify you.

How we comply with the law

We will only use your information in compliance with the law.

We always keep your information safe. During the evaluation, we only let our research team look at your information and we won't share your information with anyone in other countries.

Keeping you safe

If you feel upset by any of the questions we ask you, you should tell us, we can stop the interview at any time. In particular, if you have been a victim or been involved in certain acts, recollection of that may induce trauma. You should be aware of this possibility and tell us if this happens during the interview. If required we encourage you to make contact with an external support service such as The Samaritans (Tel. 116 123, www.samaritans.org).

We will keep what you tell us a secret unless we think that you or someone else might be at risk of harm. If this happens then we will usually talk to you first to tell you why we want to talk to another person or organisation.

Do you want to take part?

We want lots of people to take part because this helps us to understand what makes a difference for people taking part.

You do not have to take part in the evaluation – it's up to you. You can withdraw your consent up to two weeks following the interview.

How long we keep your information

The University of Birmingham will keep your information for 10 years after we finish our

report. Your data will be stored in a way so that people can't link your name to your information.

Your legal rights

The law gives you rights over how we can use your information. You can find full details of these rights the YEF website: <https://res.cloudinary.com/yef/images/v1625734531/cdn/YEF-Data-Guidance-Participants/YEF-Data-Guidance-Participants.pdf>

or in the information sheet we have given to your parent or guardian.

Questions?

If you have any questions about how we use your information, or if you want to complain, you can contact our Data Protection Officer. Their contact details are in the box on the first page.

You also have the right to make a complaint to the Information Commissioner's Office (ICO). You can find more information about the ICO and how to make complain to them on their website <https://ico.org.uk/make-a-complaint>.

An Evaluation of Remedi's restorative mentors

Confirmation Statement for Adult participants

I confirm that:

- I have read the information sheet for this evaluation
- I have had an opportunity to ask questions about how personal information is used in the evaluation
- I have enough information to make a decision about whether to participate in the evaluation
- I understand that I am free to withdraw from the evaluation up to two weeks after the interview.

I agree to take part in this evaluation

Signed:

(participant)

Date:

Name in block capitals:

(participant)

Signature of researcher:

Date:

Researcher's contact details

Name: -----

Tel: -----

Email: -----